



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Division of Family and Community Partnerships (FCP) Office of Family Support Services (OFSS)

Community Engagement and Facilitation Support Vendor Pool Request for Qualifications (RFQ)

VIRTUAL CONFERENCE

September 22, 2026



Agenda & Objectives

- Welcome & Introductions
- RFQ Timeframes
- Family & Community Partnerships and Family Support Services
- Community Engagement and Facilitation Support Vendor Pool Overview
- RFQ Submission and Requirements
- Technical Assistance (TA)
- Q & A



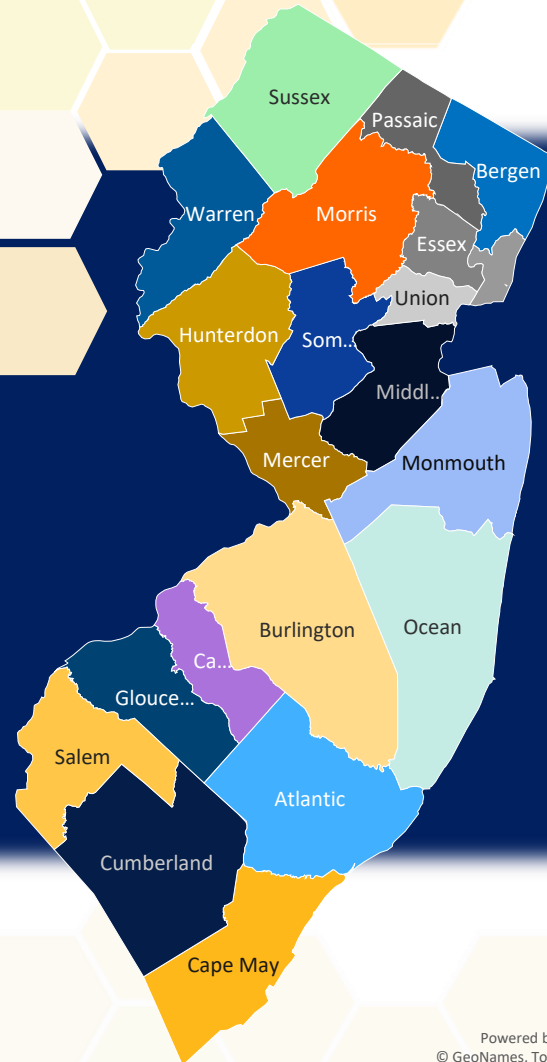
RFQ Timeframes

Date	Event
Wednesday, September 2 nd	RFQ Published
Tuesday, September 22 nd at 1:30pm	Virtual Conference
Thursday, September 24 th	Program Related Questions Due
Wednesday, October 7 th	Authorized Organization Representative (AOR) Form Due
Wednesday, October 14 th at 12:00PM (SHARP)	Response Deadline

* DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.



The RFQ Initiative

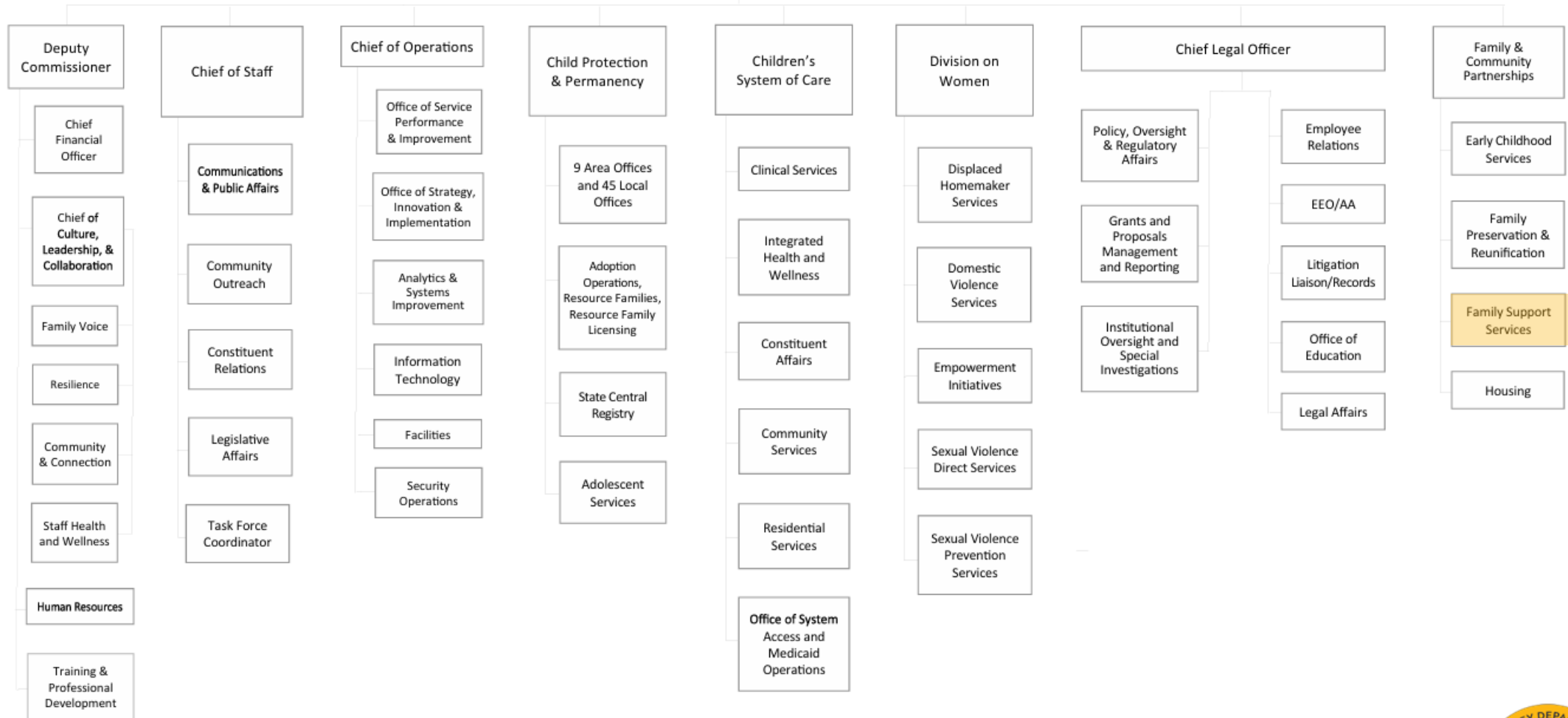


Community Engagement and Facilitation Support Vendor Pool RFQ

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NJ DCF COMMISSIONER



Family & Community Partnerships Programs and Offices

Office of Early Childhood Services

Evidence-Based Home Visiting
(NFP, PAT, and HFA)

Adolescent Pregnancy
Prevention Intervention (APPI)

Parent Linking Program (PLP)

County Councils for Young
Children (CCYC)

Connecting NJ

Universal Home Visiting (UHV)
/Family Connects NJ

Office of Family Support Services

NJ Family Success Center
Network (FSC)

Kinship Navigator Program
(KNP)

School Linked Services (SLS)

NJ Student Support Services
(NJ4S)

Outreach to At-Risk Youth
(OTARY)

Office of Housing

Youth Supportive Housing
Transitional Living Programs
(TLP, STLP and MFP)

Street Outreach

Adolescent Housing Hub

Keeping Families Together (KFT)

Office of Family Preservation & Reunification

Peer-2-Peer (P2P)/
EnlightenMENT

Exchange Parent Aide (EPA)

Pathways to Academic and
Career Exploration to Success
(PACES)

Supportive Visitation Services
(SVS) and other Visitation
Services

Family Preservation Services
(FPS)



DCF'S PREVENTION CONTINUUM



Primary Prevention

Activities that are directed at the general population (universal) and attempt to stop maltreatment before it occurs.



Secondary Prevention

Activities with a high-risk focus that are offered to populations that have one or more risk factors (select) associated with child maltreatment, such as poverty, parental substance abuse, young parental age, parental mental health concerns, and parental or child disabilities.



Tertiary Prevention

Activities focus on families where maltreatment has already occurred and seek to reduce the negative consequences of the maltreatment and to prevent its recurrence.



OFSS Programs

Family Success Centers (FSCs)

“One stop shops” that provide wrap-around resources and supports for families before a crisis occurs

Kinship Navigator Program (KNP)

Support for kin who are caring for their families’ or friends’ children

School-Linked Services (SLS)

Prevention and support services provided throughout NJ’s elementary, middle, and high schools

New Jersey Statewide Student Support Services

Hub-and-spoke model of services and resources intended to support youth mental wellness



The Request for Qualifications (RFQ) Initiative

Community Engagement and Facilitation Support Vendor Pool

RFQ

The Office of Family Support Services is seeking to establish a qualified vendor pool of providers with experience delivering supplemental workshop facilitation support, training support, coaching, and continuous quality improvement support to DCF contracted service providers.



Background

DCF funds a range of prevention, family support, school-based, and community-based programs that serve children, youth, parents/caregivers, kinship families, schools, and communities across New Jersey. These programs often deliver group-based services, workshops, trainings, community sessions, school-based activities, parent/caregiver engagement activities, and other structured supports. DCF's service providers may utilize the Qualified Technical Assistance Providers (QTAP) list when they need specialized support in these areas.

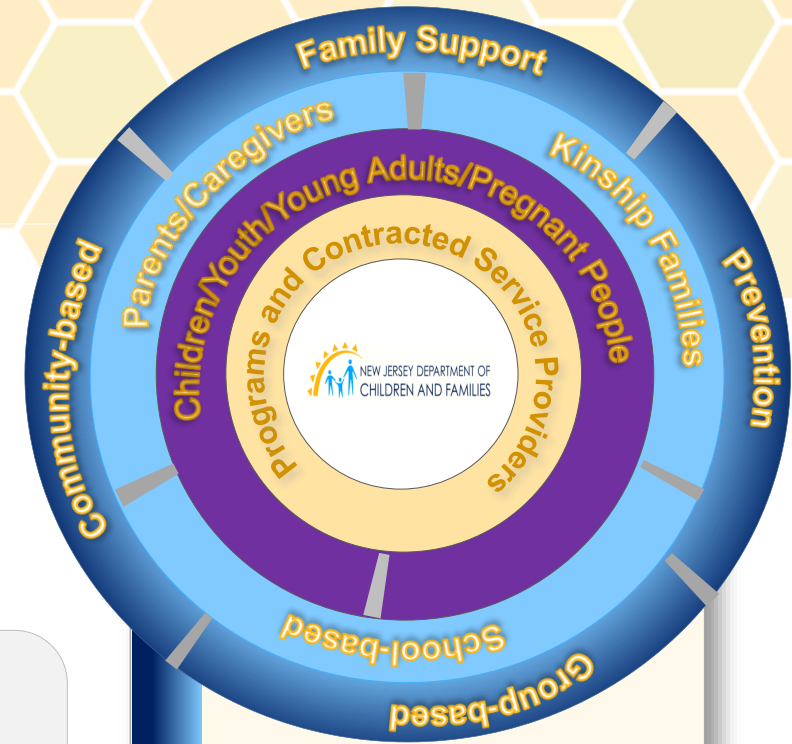
Qualified Technical Assistance Providers (QTAP)



QTAP List



DCF Contracted Service Providers



Programs often deliver:

- Group-based services,
- Workshops,
- Trainings,
- Community sessions,
- School-based activities,
- Parent/Caregiver engagement activities, or
- other structured supports

Areas of Expertise:

Qualified Technical Assistance Providers (QTAP)



DCF is seeking **Qualified Technical Assistance Providers with experience and/or expertise in:**

- Workshop facilitation, delivery of evidence-based programs and participant engagement;
- Communication strategies, presentation skills, and audience engagement;
- Coaching provider staff to facilitate structured workshops, trainings, group sessions, or learning activities with youth, parents/caregivers, families, school staff, or community participants;
- Supporting provider staff in managing group dynamics, encouraging participation, and adapting facilitation style to different audiences;
- Training or coaching related to adult learning, experiential learning, role play, modeling, practice sessions, and feedback;
- Development of facilitation tools, practice guides, job aids, templates, or other materials that support provider staff in delivering approved workshops, trainings, or group-based activities;
- CQI skill-building related to using data, feedback, and reflection to strengthen facilitation, engagement, workshop delivery, and participant experience;
- Trauma-informed, culturally responsive, developmentally appropriate, and inclusive facilitation practices; and
- Delivery of supplemental technical assistance in person, virtually, or through blended formats.

Target Audience

Qualified Technical Assistance Providers (QTAP)



NJ Family Success Center Network (FSC)

Kinship Navigator Program (KNP)

School Based Youth Services

NJ Student Support Services (NJ4S)

Other DCF approved programs



DCF Contracted Service Providers

Technical Assistance will be provided to:

- Program Leadership, Directors and Assistant Directors;
- Supervisors and managers,
- Direct service staff,
- Prevention, outreach, engagement, or facilitation staff,
- Training and workshop facilitators,
- Clinical or support staff, where applicable to the program model;
- Administrative or data staff involved in implementation or reporting, and
- other program staff identified by the DCF contract service provider.



Technical Assistance (TA) Services



TA Area	Examples of Support
Workshop Facilitation and Participant Engagement	Coaching staff on workshop facilitation, group engagement, conversational skills, presentation techniques, managing group dynamics, and encouraging meaningful participation from youth, parents/caregivers, families, school staff, or community participants.
Communication and Skill Building	Supporting staff in clearly communicating program purpose, services, expectations, and available supports to participants, families, schools, and community partners. This may include coaching on plain language, audience awareness, presentation style, and responsive communication.
Implementation Support	Helping programs apply practice expectations, tools, frameworks, or program models in real-world settings. This may include supporting program planning, staff readiness, structured implementation, and consistent use of approved materials or practices.
Continuous Quality Improvement	Coaching staff on CQI practices, including reviewing data, identifying service or participation trends, understanding barriers, using participant feedback, identifying service gaps, and making practical improvements to outreach, facilitation, or service delivery.
Training Support and Adult Learning	Developing or delivering training sessions, practice sessions, role plays, coaching calls, peer learning opportunities, observation and feedback sessions, job aids, templates, or tools that help staff apply learning in their day-to-day work.
Trauma Informed and Culturally Responsive Facilitation	Supporting staff in delivering workshops, trainings, and group activities in ways that are trauma-informed, culturally responsive, inclusive, developmentally appropriate, and responsive to the needs of diverse participants and communities.

Methods of TA Delivery

In person, virtual, or
a blended format



TA Area	Examples of Support
Workshop Facilitation and Participant Engagement	Coaching staff on workshop facilitation, group engagement, conversational skills, presentation techniques, managing group dynamics, and encouraging meaningful participation from youth, parents/caregivers, families, school staff, or community participants.
Communication and Skill Building	Supporting staff in clearly communicating program purpose, services, expectations, and available supports to participants, families, schools, and community partners. This may include coaching on plain language, audience awareness, presentation style, and responsive communication.
Implementation Support	Helping programs apply practice expectations, tools, frameworks, or program models in real-world settings. This may include supporting program planning, staff readiness, structured implementation, and consistent use of approved materials or practices.
Continuous Quality Improvement	Coaching staff on CQI practices, including reviewing data, identifying service or participation trends, understanding barriers, using participant feedback, identifying service gaps, and making practical improvements to outreach, facilitation, or service delivery.
Training Support and Adult Learning	Developing or delivering training sessions, practice sessions, role plays, coaching calls, peer learning opportunities, observation and feedback sessions, job aids, templates, or tools that help staff apply learning in their day-to-day work.
Trauma Informed and Culturally Responsive Facilitation	Supporting staff in delivering workshops, trainings, and group activities in ways that are trauma-informed, culturally responsive, inclusive, developmentally appropriate, and responsive to the needs of diverse participants and communities.

Delivery methods include, but are not limited to:

- Workshops or training sessions;
- Coaching or consultation calls;
- Facilitated practice sessions or role plays;
- Modeling or shadowing with feedback;
- Peer-learning cohorts or communities of practice;
- Observation and feedback sessions;
- CQI coaching sessions;
- Development of job aids, templates, facilitation guides, or other tools; and
- Follow-up support to help staff apply learning in practice.

Describe how technical assistance will be tailored based on different program types, staff roles, audiences, and settings, including school-based, community-based, family support, and prevention-focused programs.

Request For Qualifications (RFQ)

**Community Engagement and Facilitation
Support Vendor Pool RFQ**

**RFQ Proposal
Submission**



Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ☒ Non-Profit; ☐ For-Profit; ☐ University; ☐ LLC

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: ENTER RFP/RFQ NAME HERE

County/Region/Location to be served (if applicable): ENTER HERE

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

Print Name/Title: John Smith Date: 5/5/2025

Signature: SIGN HERE

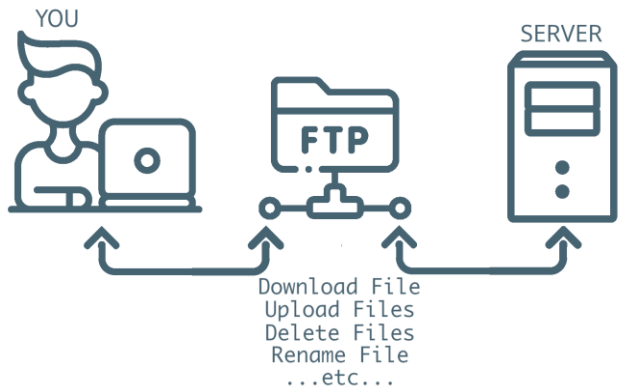
CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the form is filled out **completely and signed**.
- Please enter the name of the RFP on the line requesting the RFP/RFQ - **Community Engagement and Facilitation Support Vendor Pool**
- Please enter **Statewide List** within the line labeled County/Region/Location.
- **Note:** The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.



Uploading Proposals on the FTP Site



- The identified respondent contact will be provided with instructions on how to access the FTP Site.
- Files may be uploaded and/or updated, if needed, up to the RFP proposal deadline.
 - Start uploading your proposal submission EARLY, to ensure sufficient time and a successful transmission of all required documentation.
- If you encounter any difficulties or require assistance, please submit questions to DCF.ASKRFP@dcf.nj.gov



Request For Qualifications (RFQ)

**Community Engagement and Facilitation
Support Vendor Pool RFQ**

RFQ Requirements



Organizing & Submitting Your Application

- The application must be organized and submitted as three (3) separate PDFs.

PDF 1 	Section II – Program/Services Description and Statement of Acceptance	
	Submit a signed <i>Statements of Acceptance</i> . Your PDF 1 must include a PDF of the <u>entire Section II content</u> , along with the final, signed and completed page.	Pages 7-9
PDF 2 	Section III A – Narrative Response to Questions	
	Submit responses to the nineteen (19) questions listed. If any are N/A for your organization, please explicitly say so.	Pages 10-11
PDF 3 	Section III B – Documents Requested to be Submitted with This Response	
	Ten (10) additional organizational and program-related documents. If any are N/A for your organization, please explicitly say so.	Pages 11-13



Organizing Your Application

PDF 1:

Section II – Program/Services Description and Statement of Acceptance



Organizing Your Application - PDF 1

F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:



Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional

PDF 1: Section II – Program/Services Description and Statement of Acceptance

Complete and sign **Signature Statement of Acceptance** (fill in fields and sign on page 9)

Submit a **complete PDF of the entire content of Section II, pages 7-9, ending with your signed statements of acceptance for each section**, as a single PDF document.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II – Program/Services Description and Statement of Acceptance

Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.



How to fill in and sign PDF 1

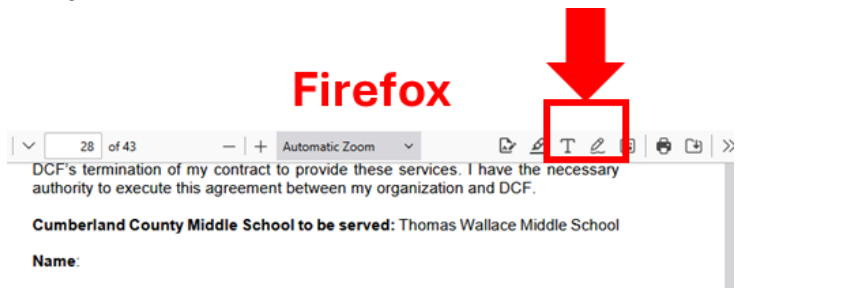
Technical
Support Tip

Options for fill in/sign and save PDF #1, include:

- A. Print, fill out, and scan pages 7-9 into a PDF file, or
- B. Use software such as Adobe Acrobat Reader (free), or
- C. Use web browsers such as Edge and Firefox

Note: Copy-pasted text will **not** be accepted.

Firefox



28 of 43 Automatic Zoom

DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

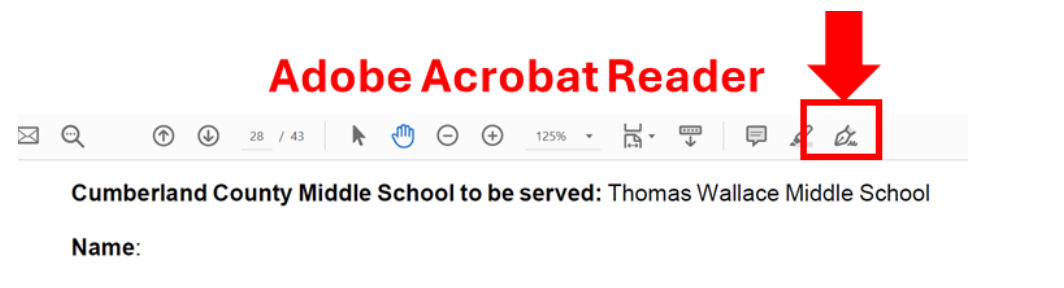
Email:

Mailing Address:

Instructions:

1. Open the PDF in Firefox.
2. At the top of the screen, find the Type tool (T).
3. Click and enter text as appropriate in the form.
4. Use the pen tool (next to the T) to sign.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Adobe Acrobat Reader



28 / 43 125%

Cumberland County Middle School to be served: Thomas Wallace Middle School

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Instructions:

1. Open the PDF in Adobe Acrobat Reader.
2. Locate the Signature tool at the top (looks like a fountain pen)
3. Use the Type subtool (Ab) to enter text where appropriate.
4. Use the Sign tool to record and add your signature.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Organizing Your Application

PDF 2:

Section III A – Narrative Response to Questions



RFQ Response Narrative

Section III A: Questions

Q&A

Question: What if a question does not apply to my organization?

Answer: If a question is not applicable, please respond with N/A and provide a thorough explanation of why it is not applicable.

Categories and Questions		Questions	Score Weight
1	Experience and Capacity	1-4	All questions are worth 3 points.
2	Approach and Methods	5-16	
3	Collaboration and Cultural Competence	17	
4	Sustainability and Follow-up	18-19	

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

COLLABORATION AND CULTURAL COMPETENCE

SUSTAINABILITY AND FOLLOW-UP

Questions:

1. Describe your organization's experience providing TA on communication/facilitation skills, implementation science and CQI.
2. Describe your capacity to support multiple project sites (hubs) that might be located regionally/statewide.
3. Introduce the team members who will be working on this project. Provide brief bios highlighting their expertise and relevant experience.
4. Provide examples of training modules or curricula you have developed and implemented

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

COLLABORATION AND
CULTURAL COMPETENCE

SUSTAINABILITY AND
FOLLOW-UP

Questions:

5. Explain your CQI framework and how it supports program fidelity.
6. How do you integrate trauma-informed and culturally responsive practices in TA delivery?
7. What methods do you use to measure the impact of TA. What metrics or evaluation tools do you employ? (e.g., pre/post assessments, application rate, CQI outcomes)?
8. Describe how you have used community or program data to understand needs and inform decisions.
9. Describe your TA delivery model, including preferred formats, and how you ensure consistent application of learning across teams.

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

COLLABORATION AND
CULTURAL COMPETENCE

SUSTAINABILITY AND
FOLLOW-UP

Questions: *(Continued)*

10. Explain how you manage project timelines and ensure quality control.
11. Detail the tools, software, and resources you will use to complete the work requested.
12. How do you incorporate interactive and experiential learning techniques into your training programs?
13. Share any innovative training methods you have used to enhance participant engagement and learning outcomes.
14. Provide examples of how you have assessed the effectiveness of your training and its impact on community and school outcomes.

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

COLLABORATION AND
CULTURAL COMPETENCE

SUSTAINABILITY AND
FOLLOW-UP

Questions: *(Continued)*

15. Describe your approach to adapting training programs to meet the specific needs of different communities and schools.
16. Share examples of how you have modified your training in response to feedback or changing circumstances.

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

**COLLABORATION AND
CULTURAL COMPETENCE**

SUSTAINABILITY AND
FOLLOW-UP

Question:

17. Describe examples of how you have addressed diverse needs and backgrounds in your training sessions.

Section III A: Questions

EXPERIENCE AND CAPACITY

APPROACH AND METHODS

COLLABORATION AND
CULTURAL COMPETENCE

**SUSTAINABILITY AND
FOLLOW-UP**

Questions:

18. How do you ensure the sustainability of the training impact over time? What follow-up support or resources do you provide to trainees?
19. Describe any strategies you use to encourage continued learning and application of training concepts in the field.

Organizing Your Application

PDF 3:

Section III B – Documents Requested to be Submitted with This Response



RFQ Required Documents

Section III B - Documents Requested to be Submitted with This Response

Q&A

Question: What if a question does not apply to my organization?

Answer: If a question or request does not apply, you are required to submit a **Statement of Non-Applicability** on your agency letterhead.

Required documentation include:

1	Previous Work Samples
2	Online Portfolio (if available)
3	Past Conference Presentations and Workshops
4	Corrective action plans, performance improvement plans, or reviews
5	Certification Regarding Debarment
6	Disclosure of Investigations & Other Actions Involving Respondent
7	System for Award Management (SAM)
8	Organizational Chart of Respondent
9	Trauma Informed Practices
10	Three Letters of Support

Section III B - Documents Requested to be Submitted with This Response

PREVIOUS WORK SAMPLES

ONLINE PORTFOLIO

**PAST CONFERENCE
PRESENTATIONS AND
WORKSHOPS**

1. Please provide samples of your previous work that are similar to the scope of this project. This may include, but is not limited to:
 - a) Project descriptions,
 - b) Client testimonials or references,
 - c) Case studies or detailed reports,
 - d) Past training materials developed, e.g., i. Lesson plans, ii. Handouts, iii. Presentation slides, or iv. Video recordings of training sessions, if available.

Section III B - Documents Requested to be Submitted with This Response

PREVIOUS WORK SAMPLES

ONLINE PORTFOLIO

PAST CONFERENCE
PRESENTATIONS AND
WORKSHOPS

2. Provide your online portfolio, if available, please include links to or screenshots of relevant online content.

Section III B - Documents Requested to be Submitted with This Response

PREVIOUS WORK SAMPLES

ONLINE PORTFOLIO

**PAST CONFERENCE
PRESENTATIONS AND
WORKSHOPS**

3. Past Conference Presentations and Workshops – Have you or your team presented at any conferences or workshops relevant to this RFQ in the past? If so, please provide details, including:
 - a) The name of the conference or workshop,
 - b) The title of your presentation or workshop,
 - c) A brief summary of the content covered,
 - d) Any materials (slides, handouts, videos) you can share from these presentations, and
 - e) Feedback or testimonials received from attendees, if available.

Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS, PERFORMANCE IMPROVEMENT PLANS, OR REVIEWS

CERTIFICATION REGARDING DEBARMENT

DISCLOSURE OF INVESTIGATIONS & OTHER ACTIONS INVOLVING RESPONDENT

4. Corrective action plans, performance improvement plans, or reviews in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

If applicable, a copy of the corrective action plan or performance improvement plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.

If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan.

Form: [Statement of Non-Applicability Regarding CAP or PIP](#)

DCF may consider all materials in our records concerning audits, reviews, performance improvement, or corrective action plans as part of the review process. DCF may disqualify and/or decline to forward for the review of the Evaluation Committee responses from those under corrective action plans or performance improvement plans in process with DCF or any other New Jersey state agency or authority.

Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS,
PERFORMANCE IMPROVEMENT
PLANS, OR REVIEWS

**CERTIFICATION REGARDING
DEBARMENT**

DISCLOSURE OF INVESTIGATIONS
& OTHER ACTIONS INVOLVING
RESPONDENT

5. Complete and submit the Certification Regarding Debarment Form:
<https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

Section III B - Documents Requested to be Submitted with This Response

CORRECTIVE ACTION PLANS,
PERFORMANCE IMPROVEMENT
PLANS, OR REVIEWS

CERTIFICATION REGARDING
DEBARMENT

**DISCLOSURE OF INVESTIGATIONS
& OTHER ACTIONS INVOLVING
RESPONDENT**

6. Complete and submit the Disclosure of Investigations & Other Actions Involving Respondent Form:
<https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

Section III B - Documents Requested to be Submitted with This Response

**SYSTEM FOR AWARD
MANAGEMENT (SAM)**

ORGANIZATIONAL CHART OF
RESPONDENT

TRAUMA INFORMED PRACTICES

7. System for Award Management (SAM) – Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.
Website: <https://sam.gov/content/home>
Helpline: 1-866-606-8220

Common Questions & Errors

 **SAM.GOV®** Attachment 24: System for Award Management (SAM) Status and Expiration Date

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:

123 Main Street
Cherry Hill, NJ 08002

Expiration Date:

October 2025

Purpose of Registration:

All Awards

7. System of Award Management (SAM)

- Submit a printout showing your Unique Entity ID Number (UEID), Active Status, and Expiration Date.
- This is a two-step process:
 - 1 Apply for a UEID number at sam.gov – this is **FREE**. Once you have the UEID number;
 - 2 Register your UEID number, also at sam.gov. This process may take about two weeks.



Section III B - Documents Requested to be Submitted with This Response

SYSTEM FOR AWARD
MANAGEMENT (SAM)

**ORGANIZATIONAL CHART OF
RESPONDENT**

TRAUMA INFORMED PRACTICES

8. Organizational Chart of Respondent - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

Section III B - Documents Requested to be Submitted with This Response

SYSTEM FOR AWARD
MANAGEMENT (SAM)

ORGANIZATIONAL CHART OF
RESPONDENT

TRAUMA INFORMED PRACTICES

9. Trauma Informed Practices - Submit written policies describing the incorporation of these practices into your provision of services. See [Office of Resilience](#) for guidance and tools on trauma informed practices.

Helpful Link for Documents #9

Trauma Informed Practices

[DCF | Trauma Informed Practices](#)



Section III B - Documents Requested to be Submitted with This Response

THREE (3) LETTERS OF SUPPORT

10. Three (3) Letters of Support from community organizations with which you already partner specific to the provisions of services under this RFQ. Letters from family members of individuals receiving services and New Jersey State employees are prohibited. Please include telephone numbers and e-mail for all references so they may be contacted directly.

Note:

- Letters provided must reference how they will support the RFQ initiative and applicant.
- Individuals providing the letters must include their contact information.

RFQ Review and Important Reminders



The Evaluation Committee review the following items:



PDF 2 Narrative Responses

Categories include:

- Experience and Capacity
- Approach and Methods
- Collaboration and Cultural Competence
- Sustainability and Follow-up



PDF 3 Documents Requested to be Submitted with This Response



Important Reminders:

- Ensure your response follows the RFQ format by section and sequence of questions included.
- The five-page narrative should be double-spaced with one-inch margins on the top, bottom, and sides of the document. The font shall be no smaller than 12 points in Arial or Times New Roman.
- Your narrative response must convey an understanding of the deliverables and responsibilities stated within the RFQ.
- Answer ALL questions – your response will be carefully reviewed and scored.

Request For Qualifications (RFQ)

**Community Engagement and Facilitation
Support Vendor Pool RFQ**

**Questions &
Technical Assistance (TA)**



Technical Assistance (TA)

Technical Assistance (TA) is available to prospective applicants. Questions regarding the completion and submission of a DCF Request For Qualifications (RFQ) must be submitted to DCF.ASKRFP@dcf.nj.gov.

DCF.ASKRFP@dcf.nj.gov



Questions & Answers



Submit all questions to:
DCF.ASKRFP@dcf.nj.gov

- Respondent may not contact the DCF Division of Family and Community Partnerships (FCP) and Office of Family Support Services (OFSS) staff directly, in person, or by telephone, concerning this RFQ. Questions must be sent via email to: DCF.ASKRFP@dcf.nj.gov
- Questions regarding the content of the RFQ must be sent by Thursday, September 24, 2026.
- Technical inquiries about required forms, documents, and format may be sent at any time prior to the response deadline, 12:00 PM on Wednesday, October 14, 2026.



- All answers to content and deliverables related questions will be posted on the DCF website at: <https://www.nj.gov/dcf/stay-connected/providers-and-contractors/contracting-opportunities/>

Sign-up for DCF Notifications



1 Visit the DCF website and search for “Contracting Opportunities”

<https://www.nj.gov/dcf/stay-connected/providers-and-contractors/contracting-opportunities/>



2 Click on the following link:

[Receive notices announcing funding opportunities by email](#)

3 Select your preferred mode of contact and subscribe to receive notifications.

1

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Email Address *



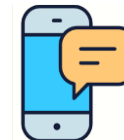
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SMS/Text Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Subscription Type

Wireless Number *



RFQ Timeframes



Date	Event
Wednesday, September 2nd	RFQ Published
Tuesday, September 22nd	Virtual Conference
Thursday, September 24 th	Program Related Questions Due
Wednesday, October 7 th (earlier if possible)	Authorized Organization Representative (AOR) Form Due
Wednesday, October 14 th @ 12:00PM	Response Deadline

*** DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.**



Questions

