

**Required Performance and Staffing Deliverables**

**for**

**Office Of Family Voice Councils & Constituent Voice Opportunities**

**Effective Date: 07/01/2024**

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**Section I - Summary Program Description:**

The New Jersey Department of Children and Families (DCF) Office of Family Voice administers this contract for Office of Family Voice Councils & Constituent Voice Opportunities

DCF's Office of Family Voice (OFV) ensures the voices of those who have lived experience with the child welfare system, and DCF more broadly, are heard. The voices of families with lived experience are essential. OFV’s goal is to ensure that parents and youth have a seat at the table and input on the policies, practice and supports that can impact and improve their lives. People with lived experience (PWLE) have been systemically marginalized by inequality, discrimination and poverty, their expertise in how our services work, or don’t work is crucial. Appropriately rewarding and valuing people with lived experience for their time and effort spent should be a given. This program will provide support to families that work with the Commissioner and the Office of Family Voice.

embrella will provide support and technical assistance to current members and alumni of the Office of Family Voice's Youth Council, DADS Council, Parent Council, Lived Experience Expert Partnership (LEEP), and additional PWLE as identified by OFV. The support will be provided through logistic coordination of the payments that support the councils and LEE Partnership e.g. stipends, transportation and childcare payments to individuals as well as food and additional items to support events and meetings. embrella will also provide similar logistic coordination, funding for transportation payments and reimbursements, and food for events and meetings for other constituent voice opportunities.

**Section II - Required Performance and Staffing Deliverables**

**NOTE: After reviewing the required deliverables listed below, contractors** **must sign the statement at the bottom of this Section II to signify acceptance of all of them. Please submit an executed copy as a PDF document with the title heading: *Required Performance and Staffing Deliverables*.**

1. **Subject Matter -** **The below describes the needs the contractor must address in this program, the goals it must meet, and its prevention focus.**

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

Now, more than ever, the voices of youth and families with lived experience are essential to helping guide New Jersey’s Department of Children and Families through important decisions to support parents and youth. During her statewide Listening Tour the Commissioner heard from nearly 500 stakeholders, including parents and youth, who overwhelmingly indicated the need for parent and youth to be heard and meaningfully involved in efforts to improve policy, practice and services.

Youth and families served through this contract share their lived expertise and experiences, provide feedback and to create positive change within the Department of Children and Families. These lived experts are being asked to provide their expertise and they should be compensated equitably.

It also promotes an organizational culture that elevates lived expert voice.

2) **The goals to be met by this program are:**

Through service delivery, embrella will coordinate logistics for stipend payments, food and supply orders and transportation payments for people with lived experience to attend meetings and events. By providing financial assistance in the areas of stipends, childcare, meals, and transportation, youth and parents will have access to attend meetings and events, and to engage and participate fully in their Councils.

3) **The prevention focus of this program is:**

N/A

1. **Target Population - The below describes the characteristics and demographics the contractors must ensure the program serves.**
2. **Age:**

14 - 23 & Adults

1. **Grade:**

N/A

1. **Gender:**

All

1. **Marital Status**:

N/A

1. **Parenting Status:**

N/A

1. **Will the program also serve the children of the primary service recipient?**

Provides stipends for childcare when needed

1. **DCF CP&P Status:**

Services People with Lived experience e.g. CP&P In Home Case; CP&P Out of Home Case; CP&P Adopt/KLG; Aged Out Youth (>18); Open with CMO

1. **Descriptors of the primary service recipient:**

The target populations for this program are individuals who have lived experience with the Department of Children and Families e.g. the Youth Council are youth, ages 15-23 who have or have had experience in New Jersey's Department of Children and Families. Similarly, the DADS Council, Parent Council and members of LEEP all have lived experience with DCF.

1. **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**

N/A

1. **Other populations/descriptors targeted and served by this program:**

N/A

1. **Does the program have income eligibility requirements?**

No

1. **Activities - The below describes the activities this program initiative requires of contractors, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, those delivering the services.**
2. **The level of service increments for this program initiative:**

 Hours, sessions, mileage, trips, food and material reimbursement

1. **The frequency of these increments to be tracked:**

 Monthly reports from the provider (embrella)

3) **Estimated Unduplicated Service Recipients:**

Estimating 100 service recipients

4) **Estimated Unduplicated Families:**

 N/A (see above)

5) **Is there a required referral process?**

Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**

The Office of Family Voice will provide the Director of Scholarship Programs with the names and contact information for all Council members and participants.

The youth and families served through this contract have been selected and or identified by the Office of Family Voice to share their lived expertise and experiences, provide feedback and to create positive change within the Department of Children and Families. Families included in constituent voice opportunities will be families that have lived experience with DCF and are interested in speaking about that experience with the Commissioner or other DCF leadership.

Youth and parents will have access to services through embrella, by calling or emailing the Director of Scholarship Programs, who is the point of contact for all youth stipends, childcare, supplies, food and transportation logistics.

7) **The rejection and termination parameters required for this program initiative:**

 N/A

8) **The direct services and activities required for this program initiative:**

**The services and activities are described below.**

**embrella and OFV will collaborate to agree on a Process Guidance Document that dictates times frames and specifics of the process.**

**Required Documents & Forms:** The Office of Family Voice is responsible for initially collecting all needed forms and documents from the individuals to be paid and forwarding encrypted information to embrella. The Director of Scholarship Programs will maintain all forms in a secure location. If additional information is required to complete payments the Director of Scholarship Programs will reach out directly to the individuals as needed.

**Receipts and Logs**: embrella will maintain a log of all transactions that include beneficiary name, role (AKA parents council, LEEP member, youth council) date, payment recipient, and amount. embrella is responsible for maintaining all receipts.

**Stipends:** Stipends are provided to individuals on a standing biweekly basis. OFV will provide stipend information to embrella. embrella will ensure stipends are paid to constituents through direct deposit or other means as needed. Upon completion the Director of Scholarship Programs will notify OFV via email.

**Meetings**

 **Food/drinks**

OFV will send the order to the Director of Scholarship Programs or backup who orders for food and drink for events. The Director of Scholarship Programs will pay for the orders and ensure food and drink is provided for the events.

 **Supplies and materials**

For supplies and materials, the Director of Scholarship Programs will order necessary supplies and other items in advance, at the instruction and discretion of the Office of Family Voice. In the event items are out of stock, unavailable or custom orders, embrella and OFV will work together in a timely manner to find an available substitute or process the orders.

 **Transportation:**

embrella will work with each youth, dependent on transportation service, after notification from the Office of Family Voice. For constituents who have been identified by OFV to need an UBER/LYFT service, embrella will send electronic gift cards to the youth in advance of the event to order their ride on their schedule for the designated event/meeting location and to/from their home address. If a constituent pays for rideshare/taxi/public transportation on their own they may put in for reimbursement to OFV. OFV will forward receipt to embrella and they will receive a reimbursement from embrella. Arrangements will also be made through the Office of Family Voice via resource parents, CP&P caseworkers and other providers contracted to work with individuals when possible. Resource parents will also be provided with reimbursements for mileage and tolls as arranged through CP&P or the Office of Family Voice. For individuals who drive their own vehicles, mileage and toll reimbursements will also be provided through direct deposit. With confirmation of their attendance by the Office of Family Voice, a reimbursement will be issued, at the federal rate, for the commute to/from their home address to the event/meeting location. This reimbursement will be paid on the scheduled biweekly basis when stipends are paid.

**Trouble shooting:**

Should there be a concern that a payment was not delivered to the intended recipient, the Office of Family Voice will notify the Director of Scholarship Programs and they will work together to determine the cause. Payment will be resent if on the fault of the system or staff, with administration costs being charged. If at the fault of the individual (incorrect address received, payment is confirmed sent via email or mail, but member says they lost it or did not receive it), Office of Family Voice will be consulted for a decision.

**Taxable income**

For tax purposes individuals provided with stipends through this program are considered independent contractors. embrella is responsible to monitor members who are provided more than $600 in a calendar year the members may be required to federal income tax, as well as state income taxes and or local taxes, if applicable. embrella is responsible for ensuring members who have been provided more than $600 in a year receive a 1099 in a timely fashion at the beginning of the calendar year. Some items such as transportation and food are not taxed, embrella to make determination as to what is and it not taxable income.

**Communication**:

When the timeframes indicated above cannot be met, embrella will communicate with the Office of Family Voice immediately and provide information on the anticipated time for delivery. Similarly, when embrella staff are out of office for extended period they will communicate with OFV and provide information on the payments that have and have not been made as well as anticipated time for delivery.

**OFV and embrella Collaborative Meetings**

embrella is expected to participate in quarterly meetings to review priorities, status of funds, budget issues, communication, and additional improvement opportunities. Director of scholarships to participate in ongoing meetings with program coordinator to address all pending and upcoming expense and identify any possible challenges delays in coordination.

9) **The service modalities required for this program initiative are: (indicate any evidence-based practices, DCF program classifications, and non-evidence-based practices that are required.)**

N/A

1. **Evidence Based Practice (EBP) modalities:**

Select from the California Evidence-Based Clearinghouse for Child Welfare definition(s) (CEBC). https://www.cebc4cw.org/

N/A

1. **DCF Program Service Names:**

Insert the Program Name identified on Section I, Part A.

Office Of Family Voice Councils & Constituent Voice Opportunities

1. **Other/Non-evidence-based practice service modalities:**

N/A

10) **The type of treatment sessions [OR prevention services] required for this program initiative are:**

N/A

11) **The frequency of the treatment sessions [OR prevention services] required for this program initiative are:**

N/A

1. **Contractors are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the contractors serve in some other manner:**

Yes. This serves the parent and youth council directly and will be communicating with them by necessity.

1. **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:**

N/A

1. **The court testimony activities, which may address an individual’s compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:**

N/A

1. **The student educational program planning required to serve youth in this program:**

N/A

1. **Resources - The below describes the resources required of contractors to ensure the service delivery area, management, and assessment of this program.**
2. **The program initiative’s service site is required to be located in:**

Primarily servicing anywhere in New Jersey, but will also serve council members who live out of state.

Council meetings and events will generally take place at office buildings used by DCF such as the OTPD Center in New Brunswick, NJ as well as 50 East State St. Trenton NJ.

All meeting will take place at sites that have access to mass transportation, such as train and bus routes. Uber/Lyft will also be utilized depending on youth's accessibility, and preference.

The catchment area is statewide.

## The geographic area the program initiative is required to serve is:

## Statewide

1. **The program initiative’s required service delivery setting is:**

 N/A

4) **The hours, days of week, and months of year this program initiative is required to operate:**

The service should be available 8 Hours per day; 5 Days per week; 12 Months per year and as needed see question 6

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**

No

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**

Yes.

The Director of Scholarship Programs will have a work cell phone for Office of Family Voice staff to contact in case an emergency arises in the coordination of logistics. When the Director of Scholarship Programs is unavailable (vacation/sick/etc) embrella will identify the covering individual who can act as a point of contact.

After hour contact may be required when members are attending scheduled events and are unable to access the transportation funds that they were provided or were not provided enough funds to pay for their travel home.

7) **The language services (if other than English) this program initiative is required to provide:**

None

8) **The transportation this program initiative is required to provide:**

 Yes

This program provides payment, up front or via reimbursement for travel.

For transportation, the Director of Scholarship Programs or backup will work with each youth, dependent on transportation service, and notification from the Office of Family Voice. For youth in need of an UBER/LYFT service delivery, embrella will send electronic gift cards to the youth in advance to order their ride on their schedule for the designated event/meeting location and to/from their home address. Youth who order Uber on their behalf without advanced notice or receipt of a gift card from embrella, will receive a reimbursement from embrella, by sending in a copy of their receipt from the drive to the Director of Scholarship Programs. Arrangements will also be made through the Office of Family Voice via resource parents, CP&P caseworkers and other providers contracted to work with these youth. Resource parents will also be provided with reimbursements for mileage and tolls as arranged through CP&P or the Office of Family Voice. For youth who drive their own vehicles, mileage and toll reimbursements will also be provided through direct deposit. With confirmation of their attendance by the Office of Family Voice, a reimbursement will be issued, at the federal rate, for the commute to/from their home address to the event/meeting location. This reimbursement will be paid on the scheduled biweekly basis when stipends are paid.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:**

N/A

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:**

N/A

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:**

N/A

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**

 This program provides incentives to stakeholders with lived experience. By supporting the stakeholders financially, the program contributes to the success of all of the other programs that utilize the voice of constituents.

13) **The data collection systems this program initiative requires:**

embrella will maintain a log of all transactions that include beneficiary name, date, payment recipient, and amount. embrella will provide the log once a month or upon request.

14) **The assessment and evaluation tools this program initiative requires:**

N/A

1. **Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of contractors for this program.**
2. **The evaluations required for this program initiative:**

N/A

2) **The outcomes required of this program initiative (which may include short term, midterm, and long-term outcomes):**

1. **Short Term Outcomes**:

Through service delivery, embrella will coordinate logistics for stipend payments, food orders and transportation payments for people with lived experience to attend meetings and events. By providing financial assistance in the areas of stipends, childcare, meals, and transportation, youth and parents will have access to attend meetings and events, and to engage and participate fully in their Councils.

1. **Mid Term Outcomes:**

[Describe required midterm outcomes such as changes in behavior, practice, actions, decision making, policies, or social action]

 N/A

1. **Long Term Outcomes:**

[Describe required long-term outcomes such as the ultimate impact on social, economic, civic, or environmental conditions]

 N/A

3) **Required use of databases:**

[Describe the Information Technology Systems required for the Operation and Performance Monitoring of this program initiative]

Basic, Microsoft suite: Excel, Outlook etc. will be used to process documents as described below:

For the councils, LEEP and other constituent voice opportunities, the Director of Scholarship Programs will inform the Office of Family Voice about information necessary to process payments and reimbursements, such as contact information, banking information, W-9 and direct deposit forms. The Office of Family Voice will be responsible for initially collecting all needed forms and documents from the individuals to be paid and forwarding password protected information to embrella. The Director of Scholarship Programs will review all forms and restrict access to only those who have a legitimate need to view the documents.

4) **Reporting requirements:**

[Describe the documents and reports required for data collection, reporting, and ongoing quality improvement for this program initiative]

As described above embrella will maintain a log of all transactions that include beneficiary name, date, payment recipient, and amount. embrella will provide the log to OFV once a month or upon request.

**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.

**Enter the name of the [region, county, municipality] the contractor will serve.**

Statewide

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

**Section III - Documents Prerequisite Contract Execution**

In addition to the Signed Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requires contractors to submit up to date versions of the following documents if not already on file with DCF.

1. **Organizational Documents Prerequisite to the Execution of All DCF Contracts:**



1) A description of how your **Accounting** System has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

 2) **Acknowledgement of Receipt** of NJ State Policy and Procedures: Return the receipt to DCF Office of EEO/AA.

 Form:<https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf>

3) **Affirmative Action Certificate:**  Issued after the renewal form [AA302] is sent to Treasury with payment.

 Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.

Website: <https://www.state.nj.us/treasury/contract_compliance/>

4) **Agency By-Laws** -or- Management **Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

5) **Annual Report to Secretary of State** proof of filing.

 Website: <https://www.njportal.com/dor/annualreports>

1. Statement of **Assurances** signed and dated.

Website: https://www.nj.gov/dcf/providers/notices/requests/#2

Form:

<https://www.nj.gov/dcf/providers/notices/Statement.of.Assurance.doc>

7) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the contractor.

 Form: [Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Attestation.Form.To.Be.Completed.by.Providers.Covered.by.Public.Law.2021c.1.-6.7.21.pdf)

 **Note:** Read each statement carefully and do not check all options. Pay attention to the ‘or-either-and’ statements. A signature and date are required.

1. Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the **Board of Directors** of a corporation,or the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality.
2. Standardized Board Resolution Form Form:<https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf>
3. For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).

 Website: <https://www.nj.gov/treasury/revenue/busregcert.shtml>

11) **Business Associate Agreement/HIPAA** -Sign and date as the Business Associate.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/HIPAA.docx>

12) **Conflict of Interest Policy** (Contractor should submit its own policy, **not** a signed copy of the DCF model form found at the end of the following DCF policy.)

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_conflict.pdf>

13)  All **Corrective action 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 should be provided and any other pertinent information that will explain or clarify the contractor’s current position under the correction action plan and remedial measures implemented.

**If not applicable**, the contractor is to **include a signed and dated written statement** **on agency letterhead** that it has never been under any Corrective Actions or reviews.

**Contractors are on notice** that DCF may consider all materials in our records concerning audits, reviews, or corrective active plans as part of the contract review process.

14) Certification Regarding **Debarment**

Form:<https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>

15) Disclosure **of Investigations & Other Actions Involving Contractor**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf>

16) **Disclosure of Investment Activities in Iran**

 Form: <https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf>

17) **Disclosure of Ownership** **(Ownership Disclosure Form)**

 Form: <https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf>

The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a **for-profit** corporation, partnership, or limited liability company to complete the form shall prohibit the formation of a contract.

18) **Disclosure of Prohibited Activities in Russia and Belarus**

 Form: <https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf>

19) **Employee Fidelity Bond Certificate (**commercial blanket bond - crime/theft/dishonest acts)

Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds $50,000. The $50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid If not applicable, contractor must submit a signed/dated written statement on agency letterhead stating they will not exceed $50,000 in combined NJ State contracts for the current year.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator.

Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

20) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)

Important: Policy must show:

a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625

b. Language Stating DCF is “an additional insured.”

c. Commercial Liability Minimum Limits of $1,000,000 an occurrence, $3,000,000 aggregate

d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than $2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator Policy:[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\_p8\_insurance.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf%20)

21) Document showing **NJSTART** Vendor ID Number (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - njstart@treas.nj.gov

22) **Program Organizational Chart**

Should include agency name & current date.

23) **Source Disclosure Form (Disclosure of Source Location of Services Performed Outside the United States)**

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

24) Document showing **Unique Entity ID (SAM)** Number

 Website: <https://sam.gov/content/duns-uei>

25) **Certificate of Incorporation**

 Website: <https://www.nj.gov/treasury/revenue>

26) **Notice of Standard Contract Requirements, Processes, and Policies** Sign and date as the contractor

 Form: [Notice.of.Standard.Contract.Requirements.pdf (nj.gov)](https://www.nj.gov/dcf/providers/contracting/forms/Notice.of.Standard.Contract.Requirements.pdf)

 27) **Organizational Chart of contractor -** 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.

 28) **Chapter 271/Vendor Certification and Political Contribution Disclosure**
Form:<https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>

 29) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards -** A brief description (no more than two (2) pages double spaced) of the ways in which contractor’s operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: [“Sexual Abuse Safe-Child Standards” (state.nj.us)](https://www.state.nj.us/dcf/SafeChildStandards.pdf)

30) **Standard Language Document (SLD) (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)**

Sign and date as the provider

 **SLD Form:**

[**https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc**](https://www.nj.gov/dcf/documents/contract/forms/StandardLanguage.doc)

**Individual Provider Agreement:**

[**https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.agreement.pdf**](https://www.nj.gov/dcf/providers/contracting/forms/Individual.Provider.agreement.pdf)

 **State Entity Agreement:**

[**https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf**](https://www.nj.gov/dcf/providers/contracting/forms/DCF.Departmental.Agreement.with.Another.State.Entity.pdf)

31) **System for Award Management** (**SAM)** Submit a printout showing active status and the expiration date. Available free of charge.

 Website: <https://sam.gov/content/home>Helpline:1-866-606-8220

32) **Tax Exempt Organization Certificate** (ST-5)-or- **IRS Determination Letter** 501(c)(3)

Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>

33) **Tax Forms: Submit a copy of the most recent full tax return**Non-Profit: Form 990 Return of Organization Exempt from Income Tax or- For Profit: Form 1120 US Corporation Income Tax Return -or-
LLCs: Applicable Tax Form and must delete/redact any SSN or personal identifying information
Note: Store subsequent tax returns on site for submission to DCF upon request.

 34) **Trauma Informed and Cultural Inclusivity Practices -** Submit written policies describing the incorporation of these practices into your provision of services.

**[The above 34 documents must be collected from each contractor if not already on file with DCF.]**

1. **Additional Documents Prerequisite to the Execution of This DCF Contract**

**[The contract administrator assigned to initiate and administer this contract may require the contractor to submit the following additional documents relevant to this specific contract prior to finalizing the contract for funding.]**

1. Copy of **Accreditation** (Joint Commission, COA, CARF, as applicable)

Cancellation of accreditation must be reported Immediately.

 2)CSOC Only: **Agency Data Sheet**

Ensure all fields are completed with accurate info. Sheets with incomplete/inaccurate info will be returned. This includes all agency identifying numbers i.e., FEIN, UEI and NJSTART as well as staff contact info.

 Note: For multi-year contracts, the contract number will remain the same each year.

 Form: Provided by contract administrator, if applicable.

 3) **Annex A -** Sections 1.1, 1.3 (& 2.4 if not a CSOC OOH Contract).

 **Note:** Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website. Website: <https://www.nj.gov/dcf/providers/contracting/forms>

4) CSOC only: **Annex A Addendum -** Complete for each program component in CYBER. Submit online in CYBER.

5)**Annex B Budget Form -** Include Signed Cover Sheet

 Form: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>

 Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

6) A completed **Budget Narrative** is required for the proposed program that: a) clearly articulates budget items, including a description of miscellaneous expenses or “other” items; b) describes how funding will be used to meet the project goals, responsibilities, and requirements; and c) references the costs associated with the completion of the project as entered in the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/>. When DCF allows funding requests for start-up costs, include in the Budget Narrative a detailed summary of, and justification for, any one-time program implementation costs documented in the final column of the Proposed Budget Form.

7) **Certification Regarding Exemptions**

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

8) **Certification Regarding Reporting**

 Website: <https://www.nj.gov/dcf/providers/contracting/forms>

9) **Equipment Inventory** (of items purchased with DCF funds) Policy: <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf>

 10) **Schedule of Estimated Claims** (SEC)-signed

 Form: Provided by contract administrator when applicable.

 11) **Fixed Rate Information Summary**-signed

 Form: Provided by contract administrator when applicable.

 12) For Each FSS Overnight Respite Program and OOH Program a current **Office of Licensing (OOL) Certificate** Website: <https://www.nj.gov/dcf/about/divisions/ol/>

13) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current **Health/Fire Certificates**

 14) For Programs Hosting Youth, Adults, and Families or when including Rent, Interest, or Depreciation in the program budget: copies of an executed **Lease, Mortgage** or **Deed.**

 15) For Programs Hosting Youth, Adults, and Families or relying on Rent, Interest, or Depreciation in their program budget: current/continued **Certificate of Occupancy.**

 16) CSOC Only: **Medicaid Provider Enrollment Application** (signed/dated) Provided by CSOC for Medicaid paid services.

 17) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.

 18) CSOC Only: **Program Activity Schedule**The schedule should detail the structure/activities of the entire day of each week including evening shifts, 24/7.

 19) CSOC Only: **Program Component Form**

Ensure all fields are completed with accurate info. Forms with incomplete/inaccurate information will be returned. This includes staffing levels (enter #), level of service (enter approx. #), ages, hours/days, counties, languages, etc.

 **FSS Note:** Each FSS site and program type (AAS, AHR, AWR, SHR, OVR) must have its own form and identifying name. Days/hours must also correspond to the program type.

 20) CSOC Only: **Program Staffing Summary Report (PSSR)**A full updated report must be submitted **prior to opening** a new program and then **annually** by the 10th day of the month following each contract year.

 Form:<https://www.nj.gov/dcf/providers/contracting/forms/ProgramStaffingSummaryReport.xlsm>

21) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

22) **Treatment Home Consultant/MOU/MOA**

 Submit complete and updated copies of all agreements between Treatment Home agencies and their direct service providers annually. Immediately inform DCF when changes to the information in the submitted agreements occur by email with the subject line: TH Provider (attach agreement)

23) **CSOC only: Youth Camp Safety Act Certificate of Approval** issued by the Department of Health

Form:<https://www.nj.gov/health/ceohs/phfpp/youthcamps/operators/license.shtml#4>

**Section IV - General Conditions and Reporting Requirements of This Contract**

1. **General Conditions of DCF Contracts**

DCF determines the effective date of any contract, which is the date compensable services may begin.

A DCF contractor shall be required to comply with the terms and conditions of DCFs’ contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Contractors may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals https://www.state.nj.us/dcf/providers/contracting/forms/.

Contractors also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

[If contract is to be funded with COVID/ARP funds:] This awarded contract will involve the allocation and expenditure of COVID-19 Recovery Funds and is subject to the requirements of Executive Order No. 166 (EO166), which was signed by Governor Murphy on July 17, 2020. The Office of the State Comptroller (“OSC”) is required to make all such contracts available to the public by posting them on the New Jersey transparency website developed by the Governor’s Disaster Recovery Office (GDRO Transparency Website). Accordingly, the OSC will post a copy of the contract, including the RFP/RFQ, the response, and other related contract documents on the GDRO Transparency website.

In submitting its response, a respondent may designate specific information as not subject to disclosure. However, such respondent must have a good faith legal or factual basis to assert that such designated portions of its response: (i) are proprietary and confidential financial or commercial information or trade secrets; or (ii) must not be disclosed to protect the personal privacy of an identified individual. The location in the response of any such designation should be clearly stated in a cover letter, and a redacted copy of the response should be provided. A respondent’s failure to designate such information as confidential in submitting a response shall result in waiver of such claim.

The State reserves the right to make the determination regarding what is proprietary or confidential and will advise the winning respondent accordingly. The State will not honor any attempt by a winning respondent to designate its entire response as proprietary or confidential and will not honor a claim of copyright protection for an entire response. In the event of any challenge to the winning respondent’s assertion of confidentiality with which the State does not concur, the respondent shall be solely responsible for defending its designation.

1. **Reporting Requirements of this Contract**

Contractors are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above related to the delivery and success of the program services.

1. **Audit** or **Financial Statement** (Certified by accountant or accounting firm.)
A copy of the Audit must be submitted to DCF by all agencies expending over $100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under $100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

Contractors are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

 Policy:

 <https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf>

2) **DCF Notification of Licensed Public Accountant Form** (NLPA)**-and-** copy of **Non-Expired Accountant's Certification**

Contractors must ensure DCF form is used, and 2 signatures are provided. Not required for agencies expending under $100,000 in combined federal/state awards or contracts. The $100,000 threshold includes fee-for-service reimbursements made via Medicaid. Also, the NLPA is a State of NJ form and need only list federal/state funds received via contracts with the State of NJ.

 Contractors are to submit this form with each Audit, providing info related to the year subsequent to the audit.

Not Applicable Note: Must state your agency will not exceed $100,000 in combined Federal/State awards or contracts.

Form: <https://www.nj.gov/dcf/providers/contracting/forms/NLPA.docx>

3) Photocopies of Licensed Public Accountant firm’s **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures** **(ROE)**:

A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

The format for the ROE must match that of the Annex B budget form.

Form: <https://nj.gov/dcf/providers/contracting/forms/>

Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). [Microsoft Word - SECTION 6 - Expenditure Reporting.doc (nj.gov)](https://www.nj.gov/dcf/documents/contract/manuals/CRM6.pdf)

B. Fee for Service Contract Component: Not Required.

5) **Level of Service (LOS) Reports**

Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.

Website: <https://www.nj.gov/dcf/providers/contracting/forms/>

6) **Significant Events Reporting:**

 Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

 Note: Contractors are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per N.J.S.A. 52:32-57 et seq; Investment Activities in Russia or Belarus as per N.J.S.A. 52:32-60.1 et seq.; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.

Policy:

<https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf>

Website:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

7) CSOC only: **Treatment Home Reports**

Submit a full updated report by the 10th day of the month following each quarter. Immediately inform DCF when changes to the information in the submitted reports occur.

Form: <https://nj.gov/dcf/providers/contracting/forms/csoc.html>



**C. Requirements for Contractors to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request**

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purposes of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Contractor’s Own Procurement Policy