

Q&A

QUESTIONS AND ANSWERS

Division on Women 2025 Request for Proposals for Domestic Violence Abuse Intervention Program – Monmouth and Ocean Counties

Written questions related to the *content* of this RFP were due on **November 6, 2025**.

A non-mandatory conference was held on October 29, 2025.

Written *technical* questions about forms, documents, and format may be emailed at any time up to the due date to dcf.askrfp@dcf.nj.gov.

All responses must be submitted ONLINE.

To submit online, respondent must **first** complete and submit an Authorized Representative (AOR) registration form.

Click here to access the AOR Registration Form.

AOR Registration forms must be received by **November 25, 2025**.

All responses must be received by **December 2, 2025** (by 12:00 NOON)

QUESTIONS

1. Will DCF provide training?

<u>Answer:</u> Yes, DCF will provide training on the program's Risk Needs Responsivity Model and on Motivational Interviewing. It will also provide ongoing coaching, technical assistance and support.

2. Can activities for this program co-locate in a space that is licensed by DMHAS for other outpatient services for adults, assuming victims are kept separate from individuals enrolled in the program?

<u>Answer:</u> Yes, however the applicant must ensure services are not provided at the same site where victims receive services and ensure no interaction on premises.

3. Is this 100% grant funded, or will we be expected to use insurance primary with the grant as the funding of last resort?

<u>Answer:</u> The program as written in the RFP is 100% grant funded. Applicants may leverage other types of funding to support the sustainability of the program.

4. RFP p.13 – Assessment: Can an evidenced-based assessment of the agency's choosing be used to determine risk level, or will the assessment tool be assigned?

<u>Answer:</u> The funded program utilizes a specific risk assessment called the Domestic Violence Risk & Needs Assessment (DVRNA). However, agencies are also permitted to use the most recent version of valid DV risk assessments to augment the DVRNA.

5. RFP p.14 - Treatment Services: Can a curriculum be identified in the RFP or does it need to be approved by the DCF contract consultant post award?

<u>Answer:</u> The funded program does not mandate a specific curriculum for treatment services (individual or group).

6. If the multi-disciplinary treatment team (MTT) needs to meet to provide a case review of each abuser every two months (per RFP, p. 2), can the budget include incentives for at least some members to participate in the MTT?

Answer: Stipends for survivor advocates are an allowable expense.

7. Since continued funding is contingent on availability of funds and resources (per RFP, p. 2), are AIP participants permitted or expected to pay for services to ensure program sustainability, or must all services be provided at no cost to the perpetrator?

<u>Answer:</u> The funded program allows for payment from AIP participants. However, no one can be denied or discharged from services for an inability

to pay (RFP, p.18). Additionally, all fees collected must be directly reinvested into the AIP program (RFP, p. 12).

8. Can you describe who a victim advocate (pgs. 13, 14, 15, etc.) can be? Does this need to be someone directly familiar with the survivor abused by the specific perpetrator, or can this be a general victim advocate (trained as an advocate for survivors in general)?

<u>Answer:</u> The survivor advocate must have received 40 hours in the field of domestic violence in order to preserve client-counselor privilege as specified by N.J.S.A 2A:84A-22.15. The advocate can either be an individual familiar with the survivor, or someone who represents the general interests and perspective of survivors. This is dependent upon the survivor's desired level of involvement in the process.

The core responsibility of the advocate is to ensure that the survivor's safety remains the top priority in every decision the multi-disciplinary treatment team (MTT) makes.

9. Can we utilize a consultant LCSW as the Clinical Supervisor (p. 18) if that consultant also provides clinical guidance for staff on how to best deal with issues related to victims, as long as the consultant does not provide direct services for any victims (since direct service staff cannot also work with survivors of DV, per RFP p. 19)?

Answer: Yes, this would be allowable.

10. Can the AIP be placed within the Organizational Chart (RFP p.27) under a Program Director who also supervises victim services, if that Director does not themselves provide direct services for victims? There are advantages to having this arrangement - to facilitate choice of victim advocates for the AIP, ensuring an AIP rep at court etc.

Answer: Yes, this would be allowable.

11. Do we need to submit a Letter of Commitment from criminal justice agencies, the DCF Division of Child Protection and Permanency, or other programs specific to the provision of Abuse Intervention services demonstrating intent to enter a Consultant Agreement or MOU along with this grant application (RFP p.28, point 8), or can these be part of the startup activities, if awarded, and completed within 60 days of the award (RFP p.7, paragraph 3)?

Answer: Letters of Commitment and Letters of Support are required; however, it is not required that these come from any specific

systems/agencies. The letters should support should be relevant to the provision of services.