



NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

Positive Parenting Program- Triple P Bidder's Conference

DCF Division of Family and Community Partnerships (FCP),
Office of Family Preservation and Reunification (FPR)

March 25th, 2025

Agenda & Objectives

- ❑ Welcome/Introductions
- ❑ DCF Strategic Focus
- ❑ Overview of the Division of Family & Community Partnerships (DFCP) & Office of Family Preservation & Reunification (OFPR)
- ❑ Services to be Funded
- ❑ Highlights from the Positive Parenting Program (RFP)
- ❑ Requested Documents Review
- ❑ Questions and Answers



FAMILY VOICE

BUILDING A 21st CENTURY CHILD WELFARE SYSTEM

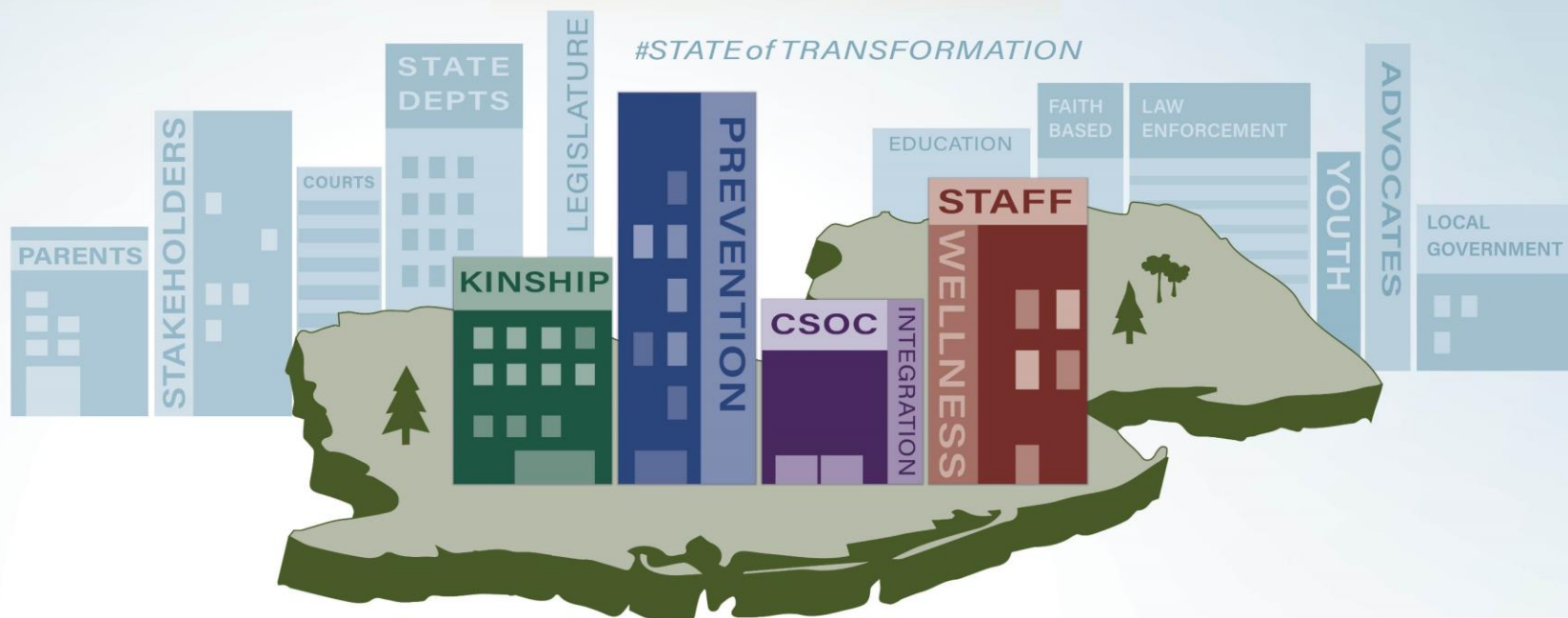
RACE EQUITY

HEALING
CENTERED

PROTECTIVE
FACTORS

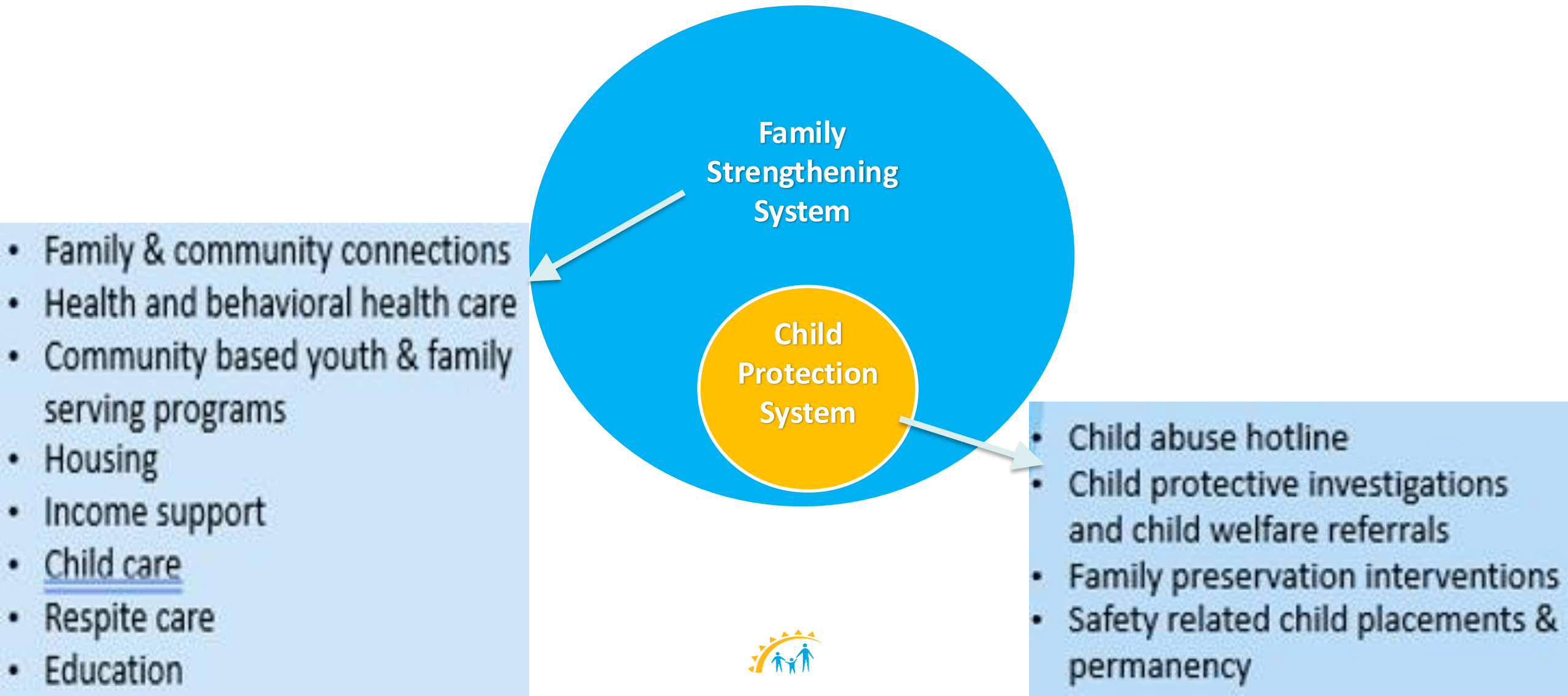
COLLABORATIVE
SAFETY

VISION: EVERYONE IN NJ IS SAFE, HEALTHY & CONNECTED



BUILT ON THE VALUES OF: EVIDENCE - FAMILY - COLLABORATION - EQUITY - INTEGRITY

DCF's Evolving Identity



Family and Community Partnerships (FCP)

DCF's Division of Family and Community Partnerships (FCP) promotes the health, well-being and personal safety of New Jersey's children and families by working with parents, caregivers, organizations, and communities to ensure an effective network of proven support services, public education, and community advocacy to prevent child maltreatment. The Division's work is housed across four offices:

- The **Office of Early Childhood Services** supports development and implementation of programs and activities related to pregnancy and parent support for families with infants and children to age five.
- The **Office of Family Support Services** contracts and works in partnership with organizations throughout the state, including school districts, to build a continuum of family-centered, holistic, and preventive services for New Jersey's children and families that touch across the lifespan.
- The **Office of Housing** works to ensure DCF's network of housing and related services are accessible, high quality, culturally competent, and effectively meet youth and family needs.
- The **Office of Family Preservation and Reunification** is committed to providing an array of high-quality, evidence-informed, family, child and youth services to promote stability, permanency and well-being for our most vulnerable children and families. This office services family and youth who are currently or formerly DCP&P involved.



FCP 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)

NJ Child Assault Prevention
(NJCAP)

Office of Housing

Youth Supportive Housing

Keeping Families Together
(KFT)

Transitional Living Programs
(TLP & STLP)

Street Outreach

Adolescent Housing Hub

Office of Family Preservation & Reunification

Peer-2-Peer (P2P)/
EnlightenMENT

Pathways to Academic and
Career Exploration to Success
(PACES)

Supportive Visitation Services

Family Preservation Services
(FPS)

Exchange Parent Aide (EPA)

Primary Prevention Services

Tertiary Prevention Services

Secondary Prevention Services



DCF's Family Support Continuum

- In 2018 The Family First Prevention Services Act was enacted to help child welfare agencies across the country reduce removals of children from families by focusing resources on proven, maltreatment-prevention programs and services. New Jersey's Prevention Strategy & Family First Prevention Services Act 5-year Plan includes adding Positive Parenting Program (Triple P) to DCF's current service array to support families in high risk or unsafe situations
- DCF's existing comprehensive network of services, includes an array of mental health services, substance use disorder services, parenting supports and services, domestic violence services, and more to support DCP&P involved families.
- Triple P is being added to the continuum of family support services designed to strengthen families and connect them to the resources and support they need within their own community—support that can prevent crisis, mitigate risks, and prevent future child abuse and neglect.



Triple P

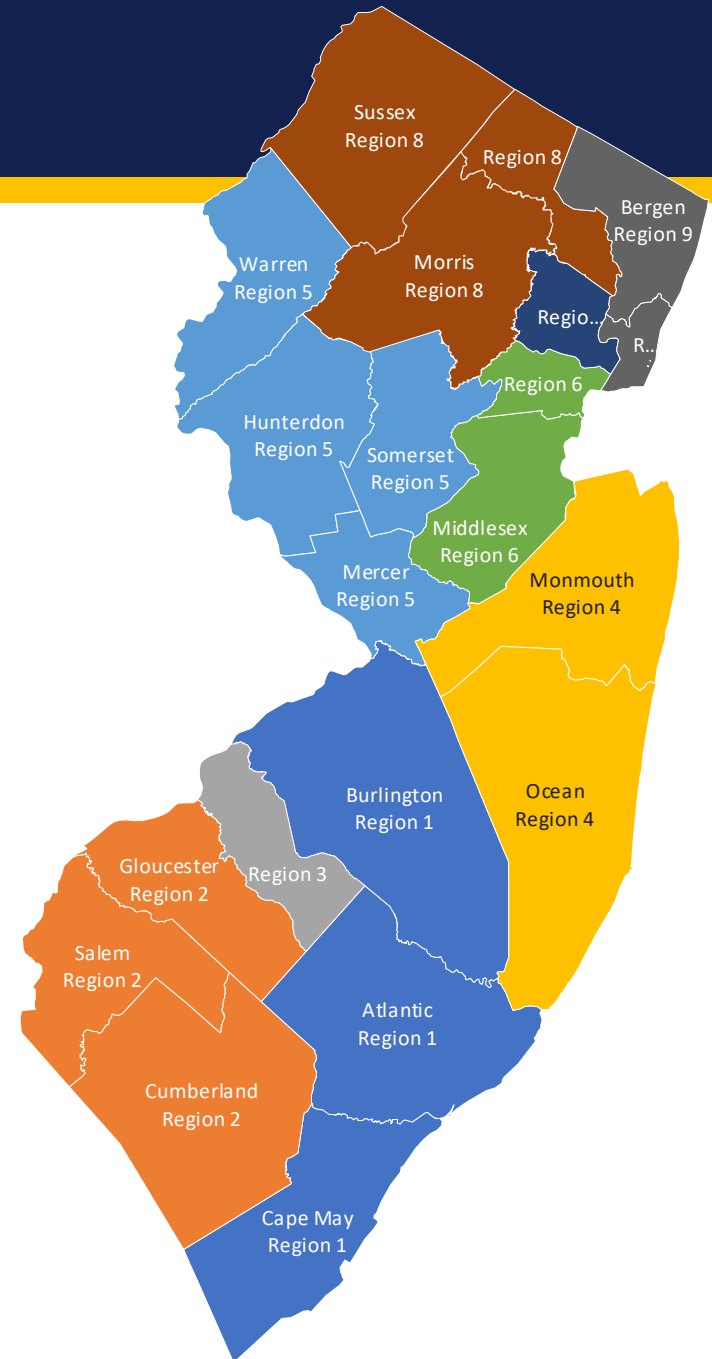
(RFP pages 1-3)

- **Number of Awards: 9**
- **Award Amount:**
 - One time available start up costs of \$75,000
 - July 1, 2025-June 30, 2026: up to \$464,292 in annualized operational expenses.
 - July 1, 2027: up to \$625, 400 in annualized operating expenses and model implementation costs available upon contract renewal
- Start-up costs shall include but shall not be limited to laptops/tablets equipped with broadband to be used in the field; the purchasing of or upgrades to Electronic Health Records (EHRs) to align with documentation expectations; the purchasing of curriculum workbooks for families and the costs of a program vehicle.



Triple P

Region	Counties
1	Atlantic, Burlington, Cape May
2	Cumberland, Gloucester, Salem
3	Camden
4	Monmouth, Ocean
5	Mercer, Somerset, Hunterdon, Warren
6	Middlesex, Union
7	Essex
8	Morris, Sussex, Passaic
9	Bergen, Hudson



Triple P® Summary Program Description (RFP pages 1 & 9)

- **The Positive Parenting Program (Triple P)** is an evidence-supported service that provides supportive and educational in-home services for parents/caregivers of children ages birth through twelve (12) years old, who are involved in the child welfare system. The Triple P intervention will provide parents/caregivers with effective parenting skills and strategies, and teach them about enhanced social connections, social emotional competency, child safety, and child development.
- **The Triple P System** is a suite of interventions that enhances the knowledge, skills and confidence of parents. Triple P gives parents clear strategies to respond to their child's needs and remain calm, promoting attachment as children learn and meet developmental milestones. Triple P encourages parents to create a nurturing environment, allowing children to grow in a safe, stable and loving home. Triple P encourages self-regulation, the capacity to solve problems independently, and reducing dependency on others.
- **Core services and activities specific to each Triple P Version:** Awarded respondents will implement both Triple P Standard Level 4 and Triple P Group as part of their service delivery model.

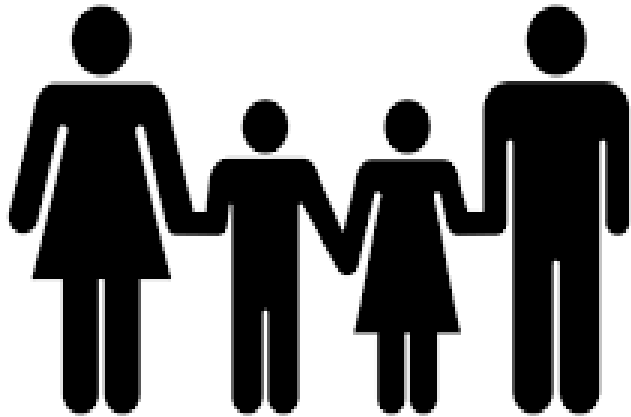


Service Delivery continued (RFP pages 9 & 14)

- As part of service delivery, the Practitioner will have regular contact with the family and will be expected to informally assess safety during every interaction. During the service delivery process, should safety concerns emerge, provider agencies will develop safety plans as needed and maintain ongoing communication to ensure families receive the supports necessary to keep children safely at home. *Additional guidance will be provided by DCF in alignment with FFA-requirements.*
- **The Triple P system is based on five core principles of positive parenting:**
 - ❧ Ensuring a safe, supervised, and engaging environment.
 - ❧ Creating a positive learning environment that helps children learn to solve problems.
 - ❧ Using consistent, predictable, and assertive discipline to help children learn to accept responsibility for their behavior and become aware of the needs of others.
 - ❧ Having realistic expectations, assumptions, and beliefs about children's behavior.
 - ❧ Taking care of oneself as a parent so that it is easier to be patient, consistent and available to children.



Program Goals and Prevention Focus (RFP page 9)



- **The goals of Triple P are:**

- to increase parenting competence, improve parental adjustment and partner relationships
- enhance child wellbeing, improve systems of care, and promote healthier communities
- help parents ensure a safe, stable, and nurturing environment for their children, while also addressing common developmental tasks of childhood
- teach practical parenting skills in a self-regulatory way, providing support to enable change

- **The prevention focus of this program is:**

- Includes prevention of: Emotional Abuse/Neglect, Neglect, Family Separation, Physical Abuse, Use of Foster Care



Service Delivery (RFP pages 14-15)

- **Initial Needs Assessment:** The Initial Needs Assessment is completed during the intake process with the family. The Triple P team may include a combination of the Practitioner, Care Manager and/or the Supervisor who will assess the child's developmental, educational, situational, and familial history. The team also will assess the caregivers needs, including parenting knowledge, supports and concrete needs. During the intake assessment, the agency will assess for, and select a version of, Triple P based on criteria DCF provides. That criteria may include, but is not limited to, accessibility, assessment of need, and family choice.
- **Safety Evaluation:** As part of the needs assessment, the Practitioner will complete an initial safety evaluation with the family using a validated safety tool that will identify whether there is immediate or imminent danger to the child or youth. As part of service delivery, the Practitioner will have regular contact with the family and will be expected to informally assess safety during every interaction. During the service delivery process, should safety concerns emerge, provider agencies will develop safety plans as needed and maintain ongoing communication to ensure families receive the supports necessary to keep children safely at home. Additional guidance will be provided by DCF in alignment with FFA-requirements.
- **Family Service Planning:** In both in-home and Group settings, Practitioners will utilize an initial needs assessment to inform service and goal planning. Families will lead the development of their Family Service Plan which will guide their services, with ongoing coordination with DCP&P.



Triple P® Referral Process (RFP page 13)

Referral Sources

Self-Referral

Social Service Staff

Community Providers

- Families may contact the provider directly
- DCP&P caseworkers
- Other social service personnel
- Mental health care provider
- Child's pediatrician
- Child's school/childcare
- Other community agency

- Upon receipt of the referral the awarded respondent will complete a review and consultation to confirm the family is eligible for services.



Families not eligible to receive Triple P services (RFP page 13)

- Families with children who are placed in out of home care, are not eligible to participate in the intervention.
- This is a voluntary service. Awarded respondents will communicate termination parameters with families at the time of enrollment.



Triple P[®] Type, Frequency & Duration of Services (RFP Page 17)

- Treatment sessions will consist of initial assessments, individual sessions, family sessions, group sessions and phone consultations as described in the direct services and activities.
- Participants of Triple P (Standard) receive an average of ten weekly, one-on-one sessions in the home.
- Participants of Triple P (Group) receive four, two-hour, in person parent group sessions, followed by three 15–30-minute individual phone consulting sessions, conducted over a three-week period. A final group session is held in person during the 8th and final week; or this may be delivered 1:1 with a parent.
- Care Managers provide 3-4 contacts per month, approximately 90 minutes of care management per family/per month.



Community Partnerships (RFP page 17)

- Awarded respondents are expected to participate in advisory councils/boards in their local community/area of service to be aware of additional supports available to families, during service intervention and post discharge from Triple P[®] services.

Specific advisory councils and boards include but are not limited to:

Human Service
Advisory Council

Children's
Interagency
Coordinating
Council

NJ4S Advisory
Boards



Awarded respondents Triple P Supports (RFP page 25)

- Awarded respondents shall create and maintain strong, meaningful relationships with the following stakeholders to ensure success of the program:
- a) Triple P America for implementation support
- b) DCF's DCP&P and Division of Family and Community Partnerships, Office of Family Preservation & Reunification (DFCP, OFPR)
- c) Community human service agencies
- d) Local community-based service providers



Service Delivery Area (RFP pages 19-20)

■ Service Delivery Setting:

- For Triple P (Standard), the primary service delivery location is in the family home.
- For Triple P (Group), Parent Group Sessions are to occur in the community at a location with considerations for accessibility for participants, and/or at the provider site. The site must have electronic presentation capabilities, such as a projector to display educational slides. One-on-one consults may occur in-person via telehealth or phone.
- Care Managers may also utilize telehealth or phone communications to deliver information and concrete resources to families.

■ Geographic Area: Awarded respondents are required to serve all counties listed in each region.

■ Service Site: Agency location can be in any location, in state or out of state. *Direct service staff may be remote.*

** Note considerations for provision of group sessions*



Triple P® Availability and Accessibility(RFP pages 20-22)

- **Operating Hours:**

- Programs should be operational to meet the needs of youth and families being served. Monday through Friday, 12 months per year. Awarded respondents are also expected to offer weekend and evening hours to ensure accessibility to the service.

- **Language Services:**

- Efforts should be made to provide direct services in the family's primary language. Translation services will be utilized to service families. Recruitment of bi/multi-lingual staff must be evidenced in recruitment plans; awarded respondents may also offer a pay differential for bi/multilingual staff. Triple P has materials available in English, Spanish and up to 20 additional languages upon request. Services shall be provided with sensitivity to cultural differences.

- **Transportation:**

- The core services of the Triple P model are provided to families in their home or within the community. Nevertheless, ensuring successful linkages to other community resources may require transportation assistance. Respondents should address how caregivers and families would be able to access services through a variety of resources when transportation is a barrier.
- The program should assess the family's transportation needs up front and address inequities exacerbated by transportation issues. Transportation may be provided by the care manager, on a limited and as needed basis. If transportation is needed, it should be to mitigate delays in achieving goals as identified in the family case plans. Transportation supports should be explored to assist families. Respondents should address how parents would be able to access group-based services through a variety of resources when transportation is a barrier.



Assessment and Evaluation Tools (RFP page 26)

- The Parenting Scale is a tool to measure dysfunctional discipline practices in parents of young children
- Strengths and Difficulties Questionnaire is a short, youth behavioral screening questionnaire
- Child Adjustment and Parenting Efficacy Scale is a parent-self report measure of child behavior problems, child emotional maladjustment and parent self-efficacy in managing specific child behaviors

**Awarded respondents shall participate in the Collaborative Quality Improvement process.*



Triple P® Staffing Requirements

Read all staffing requirements on page 22.

Position	Caseload Requirements
.25 FTE Program Director	---
.5 FTE Supervisor	---
1 FTE Care Manager	Program's entire caseload
3 FTE Practitioner	Standard: 6-8 families, at any given time Group: 3 groups/year (8-12 parents/group)
.25 Administrative Support/Data Management	---



Triple P® Position descriptions

Read all staffing requirements on page 23-24.

Position	Responsibilities	Education/Credentials/ Certificates		Practitioner		
Director	<ul style="list-style-type: none">Position requires a high level of accountability and an ability to make critical decisions and work to ensure the success of those decisionsProvide supervision and oversightAdditional support provided to employees with lived experience	<ul style="list-style-type: none">Master's Degree in Social Work with an LCSW or LICSW and five years' experience managing a program --OR--Master's degree in business or related field is appropriate; at least two years' experience with children and families; two years of management and supervisory experience;		Minimum Salary: \$47,000 (commensurate with education and/or experience)	<ul style="list-style-type: none">Practitioners to maintain caseloads of up to 8 families receiving Standard (individualized) <u>services</u>Practitioners to also facilitate Triple P Groups, serving 8-12 parents per <u>group</u>Practitioners to complete assessments of families and children, aid families in developing goals for change, and conduct sessions with families focusing on child development, managing misbehavior, encouraging independent routine and child play.Practitioners to complete other duties as assigned, based on program <u>needs</u>	<ul style="list-style-type: none"><u>Bachelor's Degree in Social Work</u> or related field with at least one years' experience working with families experiencing trauma, mental health, substance abuse, domestic violence, homelessness, and child abuse and/or neglect. <p>----OR----</p> <ul style="list-style-type: none">Practitioners may possess a GED or High School Diploma and <u>demonstrate a minimum of 2 years of experience</u> in providing direct care to minors and/or related lived experience with the child welfare systemCaregivers with lived experience must demonstrate the ability to effectively advocate within the child welfare system while maintaining the appropriate level of diplomacy and model these skills to families being <u>served</u>
Supervisor	<ul style="list-style-type: none">Support Practitioners including direct service to families.Oversee and provide reflective supervision to 3 Practitioners and 1 Care Manager.Additional support provided to employees with lived experience	<ul style="list-style-type: none">Bachelor's Degree in Social Work, Education, Early Childhood or the equivalent or related experience in the field of early childhoodMinimum of three years of case management, home visiting experience, mental health experience or work with at-risk families				
Care Manager	<ul style="list-style-type: none">Care Manager will support the program's entire caseloadAct as a resource broker, by building a relationship with the community, collecting community-based resources and linking families to supports that will enhance their protective factorsApplicants should be embedded in the communities that they serveLimited transportation of families is required	<ul style="list-style-type: none">Bachelor's degree in psychology, Social Work or equivalent experience within the child welfare system preferred.Minimum of at least one years' experience in parent/family support, maternal-child health.Candidates should also demonstrate knowledge and experience in care coordination for families and community stakeholders.				
Minimum Salary: \$52,000 (commensurate with education and/or experience)				Administrative Support/Data Management	<ul style="list-style-type: none">Support collection of program data.Provides administrative support to the program including, but not limited to referral management, training tracking and family group tracking.	<ul style="list-style-type: none">GED or HS diplomaExperience with the Microsoft suite of programs preferred.



Triple P® Staff Training & Consultation (RFP pages 18)

Staff of awarded respondents must participate in all Positive Parenting Program training, as well as any other training deemed necessary by DCF.

This training will include, but is not limited to:

- Three Day Mandatory Training Program in Standard Triple P 0-12
- Two Day Mandatory Triple P Group 0-12
- One Day Mandatory Pre-Accreditation Workshop
- One-Day Mandatory Accreditation Workshop



Triple P® Staff Training & Consultation (RFP page 18)

- **Accreditation of Practitioners.** The Accreditation of Practitioners form is designed to be completed simultaneously with provider training courses. This form is meant to aid in the establishment of a baseline competency across all Practitioners, measuring Practitioner's ability to implement the program as intended. It will also allow for tracking of staff who have successfully completed the required training.
- **Session Checklists.** Triple P-Standard and Group have session checklists which assists Practitioners in implementing the model as intended. These checklists are integrated into the training protocol and are in all Triple P manuals. DCF intends to utilize these instruments as part of its formal, ongoing CoQI process.



Triple P[®] Staff Training & Consultation (RFP page 18)

- **Implementation Planning and Fidelity Monitoring.** Triple P provides resources to agencies for planning to implement and sustain the model as well as Core Component Checklists to monitor fidelity that will be used in the formal, ongoing CoQI process.
- **Peer Support Networks.** Practitioners will receive ongoing feedback on cases from other trained Triple P providers through their participation in peer support networks.



Proposal Narrative Instructions

RFP pages 36-42

IMPORTANT:

Respondents may apply for and be awarded more than one region.

A separate proposal is required for each region.

PLEASE NOTE: There is a 20-page limit for the entire narrative response (excluding cover page and appendices).



Proposal Narrative

A. Community & Organization Fit (RFP pages 36-38)

35 Points

- 1) Describe how your mission is aligned with what we hope to accomplish with this program. Tell us about how you make your values "real" for the people this program is intended to support.
- 2) Describe how this program fits with existing initiatives/programming in your organization.
- 3) Describe your agency's experience, if any, implementing evidence-based services, including those aimed at promoting child safety, parenting skills, problem solving skills, building social connections, and accessing community supports and local resources.
 - Include in your response successes and challenges related to your agency meeting evidence-based service delivery and expectations.
 - Describe if these services were provided to DCF-involved families.
 - Data should be used to demonstrate your success whenever it is available.



A. Community and Organization Fit - continued

- 4) Describe your organization's experiences in serving diverse communities.
- 5) Provide any data your agency has that demonstrates your knowledge of the dynamics and diversity within the community you are proposing to serve. Include, in narrative or table format, supporting data about the race, ethnicity, culture and languages of the communities you are seeking to serve. Community needs data should reflect at minimum, **county-level data**.

Utilize local resources and/or the following data sources to complete this section:

- U.S. Census: <https://www.census.gov/quickfacts/fact/table/US/PST045222>
- NJ Dept. of Health: <https://www-doh.state.nj.us/doh-shad/home/Welcome.html>
- NJ Child Welfare Data Hub: <https://njchilddata.rutgers.edu/#home>
- NJ Kids Count (2023) <https://assets.aecf.org/m/resourcedoc/aecf-2023kidscountdatabook-2023.pdf>

Applicants are encouraged to draw from other recent county/local needs assessments and reports, e.g., Human Services Advisory Council (HSAC).



A. Community and Organization Fit - continued

- 6) From your agency's perspective, and/or from your work with caregivers and families, where are there gaps in services? Describe any anticipated challenges your organization may encounter in the community you are proposing to serve and your organization's experience in meeting and overcoming similar challenges in other service communities (please use specific examples).
- 7) Specify the catchment area for which your organization is applying. Please describe the level of current presence your agency has in the proposed catchment areas.
- 8) Describe your organization's experience, if any, with addressing inequities and racism.
 - a) How do these efforts address inequities and racism? How do you support staff in addressing inequities and racism?
 - b) Identify experiences with providing accessible culturally responsive services and supports.
 - c) Describe the relationships and involvement your organization has with the community to be served.



Proposal Narrative

B. Organizational Capacity (RFP pages 38-40)

35 Points

- 1) Describe how the organization's leadership is knowledgeable about and in support of this program.

Describe your agency's organizational structure and the level of diversity among the agency's managers, executives, and Board of Directors.

- Include how the requirements of this program will be met through your governance and management structure, including the roles of senior executives and governing body (Board of Directors, Managing Partners, or the members of the responsible governing body of a county or municipality).

Do leaders have the diverse skills and perspectives representative of the community being served?



B. Organizational Capacity - continued

- 2) Staff Recruitment and Retention: Describe the recruitment and retention of staff as well as how you will meet the needs of the target population. The staffing plan should include the following:
- a) **A detailed description of how staff will be recruited and selected.** Include your agency's plan to recruit a diverse staff, including bi/multi-lingual staff, who reflect the racial and ethnic composition of the communities you plan to serve;
 - b) **A description of how the staffing plan will be appropriate to the language, age, gender, sexual orientation, disability, and ethnic/racial/cultural factors of the target population.** Include data on your agency's ability to hire and retain multi-cultural/multi-lingual staff;
 - c) **A staff retention plan detailing measures taken to reduce staff turnover.** The plan should describe how staff hiring and retention has been achieved to maintain contract staffing levels or how challenges in recruitment and turnover have been addressed; and
 - d) A description of how the program will continue to **provide services that are timely, effective, and true to the models when regularly scheduled staff experience sickness, training, vacancies, leaves of absence, etc.**



B. Organizational Capacity - continued

- 3) Describe your agency's prior experience collecting and reporting data for program administration, continuous quality improvement (CQI), and for reporting on program progress.
 - Include your agency's CQI processes, and examples of your agency's success meeting the data and reporting requirements of funders.
 - Describe how this experience positions your organization to meet the data and reporting requirements of this RFP.
- 4) What administrative practices must be developed and/or refined to support the program? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program?



B. Organizational Capacity - continued

- 5) DCF, FTTIM and each awarded respondent will collaborate on marketing strategies and development of effective referral pathways for the BSFT® program.
 - a) Provide a detailed and specific description of your agency's history and success of partnering with both traditional and non-traditional community services, institutions that support families, particularly families involved with child welfare, and services critical in strengthening the family system such as, mental, or behavioral health, substance use treatment, services to improve family functioning and concrete supports.
 - b) Describe how you will engage the target population and maintain their participation in services in accordance with service recipients' need(s).
 - c) Describe the strategies your agency will implement to ensure that agency policies, procedures, and service delivery practices promote equitable access and minimize barriers to service that include, at a minimum, the following: safety considerations, language, transportation, hours of operation, office locations, signage, and physical accessibility options for those served.



Proposal Narrative

C. Organizational Supports (RFP page 41)

30 Points

- 1) The BSFT® model has defined requirements around training, coaching and supervision. Describe your organization's experience with adapting training and supervision practices to achieve model fidelity with an evidence based model, or other externally imposed requirements.
- 2) Describe how this program will be supported by your use of the data after it is analyzed and reported to evaluate program performance. If your organization has experience with evidence-based programs, how have you used data to ascertain fidelity to evidence-based practices?



C. Organizational Supports - continued

- 3) Describe the role the families you serve play in your organization's quality assurance and performance improvement processes.
- 4) Describe how your organization supports safety, well-being, and mental health of its staff, such as providing access to online mental health and wellness resources, establishing regular programming focused on common issues, or providing mental health counselors for employees in need of assistance.



Timeframes

Date	Event
Wednesday, March 19th	RFP Published
Tuesday, March 25th @9:30 AM	Virtual Conference
Thursday, March 27th	Email Questions are due
Wednesday, April 23rd	Authorized Organization Representative (AOR) form due
Wednesday, April 30th @ 12:00 PM	Response Due

*** DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your 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 RFP/RFQ. **2025 RFP for Positive Parenting Program (Triple P)**
- Please enter the region that you plan on serving on the line 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.



Organizing Your Application

- The application must be submitted as four (4) separate PDFs.
 - **PDF 1:** Section II – Signed Required Performance and Staffing Deliverables; pages 6-28
 - **PDF 2:** Section III – Documents Requested to be Submitted with This Response; pages 28-32
 - **PDF 3:** Section III – Additional Documents Requested to Submitted with This Response; pages 32-33
 - **PDF 4:** Section IV – Respondent Narrative Responses; pages 33-37
- Providers will be given access and instructions to a secure FTP website to upload their application (after they submit the AOR form and before the response deadline).



Organizing Your Application

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 – Required Performance and Staffing Deliverables

- Complete and sign **Signature Statement of Acceptance** (Found in RFP page 28)
- Submit a **complete copy of the content of Section II (RFP pages 6-28), ending with your signed statement of acceptance**, 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 - Required Performance and Staffing Deliverables.
- 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.



Organizing Your Application

- **PDF 2: Section III - Documents Requested to be Submitted with This Response**
 - **Subsection A. Organizational Documents** Prerequisite to a DCF Contract Award Requested to be Submitted with the Response
 - There are 25 documents that should be combined into this second PDF. Please complete and, if applicable, sign and date each document.
 - If any document is not applicable to your agency, please submit a brief statement of non-applicability.



PDF 2 Common Questions

Form AA302
Rev. 02/22

STATE OF NEW JERSEY

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT FEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY <input type="text"/>	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY <input type="text"/>		
4. COMPANY NAME <input type="text"/>		COMPANY E-MAIL <input type="text"/>		
5. STREET <input type="text"/>	CITY <input type="text"/>	COUNTY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) <input type="text"/>		CITY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ <input type="text"/>				
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <input type="text"/>				
10. PUBLIC AGENCY AWARDED CONTRACT <input type="text"/>				
CITY <input type="text"/>		COUNTY <input type="text"/>	STATE <input type="text"/>	ZIP CODE <input type="text"/>
Official Use Only	DATE RECEIVED <input type="text"/>	INAUG. DATE <input type="text"/>	ASSIGNED CERTIFICATION NUMBER <input type="text"/>	

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

2. Affirmative Action Certificate

- If you are a startup, you may submit the completed AA302 (left) and the receipt of payment from the Treasury (\$150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.



PDF 2 Common Mistakes

STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007

REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. PURPOSE

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. SCOPE

This policy applies to all DCF Contracts.

III. DEFINITIONS

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- Do **not** submit the DCF Conflict of Interest Policy.



PDF 2 Common Mistakes



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME:

YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.
A limited liability company with a single member is not a Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

- | | YES | NO |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

13. Ownership Disclosure Form

- You **must** submit this with your response or it will not be considered.

Read each statement carefully.



PDF 2 Common Questions

 **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

16. System of Award Management (SAM)

- Submit a printout showing your UEID, Active Status, and Expiration Date.
- This is a (free) two-step process, first you must apply for a UEI number at sam.gov and once you have the UEI number then you must register it, also at sam.gov. This process may take about two weeks.



PDF 2 Common Questions

22. Please submit only one:

- Standard Language Document
- Individual Provider Agreement
- Department Agreement



Organizing Your Application

- **PDF 3: Section III – Documents Requested to Submitted with This Response, Subsection B. Additional Documents Requested to be Submitted in Support of This Response**

There are **5 documents** that should be combined into this third PDF:

1. Proposed Budget Form
2. Budget Narrative
3. Implementation Plan
4. Two (2) Letters of Support
5. Proposed Org. Chart



Questions & Answers

- Respondent may not contact the Department directly, in person, or by telephone, concerning this RFP. Questions may be sent via email to DCF.ASKRFP@dcf.nj.gov
- Technical questions about forms, documents, and format may be sent at any time prior to the response deadline, **12:00 PM on Wednesday, April 30, 2025.**
- Questions about the content and deliverables of the RFP must be sent by **Thursday, March 27, 2025.**
- All answers to content and deliverables related questions will be posted to the Department website at [DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities \(nj.gov\)](https://www.nj.gov/DCF/RequestsforProposals/Qualifications/orInformationandFundingOpportunities)





THANK YOU!