



**REQUEST FOR PROPOSALS  
FOR  
Kinship Navigator Program**

**Publication Date: Friday, June 13, 2025**

**Questions Due: Thursday, June 19, 2025**

**AOR Registration Forms Due: July 1, 2025**

**Response Deadline: Wednesday, July 9, 2025 by 12:00 P.M.**

**Funding of \$757,099.00 Available in State Funds**

**Christine Norbut Beyer, MSW  
Commissioner**

**The Department of Children and Families (DCF) is the agency dedicated to ensuring all New Jersey residents are safe, healthy, and connected. To that end, DCF announces to potential respondents its intention to award a new contract.**

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## **Section I - General Information**

### **A. Summary Program Description:**

The New Jersey Department of Children and Families (DCF) Division of Family and Community Partnerships (FCP), Office of Family Support Services (OFSS), announces its intent to award a contract for a Kinship Navigator Program in Essex County.

The OFSS is responsible for the programmatic development and oversight of the Kinship Navigator Program (KNP) throughout the State. Adherence to the standardized delivery of the KNP Program Model is essential to ensure successful program outcomes. Through enhanced case management services, KNP agencies help caregivers “navigate” through various community resources, determine if the caregiver’s family is eligible for KNP benefits such as help with short-term expenses for the relative child, such as furniture, moving expenses and clothing, and provide technical support and guide the family through the process of Kinship Legal Guardianship if the caregiver wishes to make a legal commitment to the child.

The overarching goal of KNP is to enrich the lives of fictive kin children living in households headed by grandparents, other relatives, or friends in partnership with New Jersey’s regional kinship agencies. KNP case managers assist caregivers in navigating through government systems when seeking local supports and services. Kinship caregivers can access KNP through [nj211.org](http://nj211.org) or by contacting their local kinship agency directly.

The design and delivery of services affirm the rich ethnic and cultural diversity that characterize the community. Kinship Navigator Program services include:

- Kinship Wrap-Around Services (KWS): provides a wide range of services designed for kinship caregivers and the fictive kin children in their care. Eligible participants can receive enhanced case management that includes transformational opportunities for caregivers and an annual KWS grant. Qualifying kinship families are eligible for a yearly KWS grant of up to \$1,000 based on determined need and family composition. One child is entitled to \$500; two children are entitled to an additional \$200, the third child an additional \$200, and the fourth child an additional \$100.
- Kinship Legal Guardianship (KLG): assists caregivers with petitioning the court to appoint him or her as Kinship Legal Guardian
- Kinship Legal Guardianship Subsidy Grant: assist caregivers with applying for a KLG subsidy grant through their local Board of Social Services

- Information and Referral (I&R): provides information and referrals to support caregivers' need for critical services for themselves and the child(ren) in their care. I&R can be provided for families that do not qualify for KNP services.
- Professional networking with community-based agencies.
- Coordination of caregiver events such as, annual Kinship Caregivers Appreciation Event, and other family engagement events that support kinship families.

## **B. Funding Information:**

All funding is subject to appropriation. The continuation of funding is contingent upon the availability of funds and resources in future fiscal years.

Respondents are on notice that no annual increases will be considered as part of this contract to salaries, fringe, or benefits in future negotiations or contracts, unless approved by the State legislature for all contracting entities. Funds awarded under this program may not be used to supplant or duplicate existing funding.

DCF will make available \$757,099.00 in FY 2026 in State Funds. DCF reserves the right to award all or a portion of these funds.

The funds support the first year or initial term of a contract subject to renewal.

The intended funding period for the contract is: November 1, 2025, through June 30, 2026. The funds available are to be budgeted to cover the expenses incurred during the initial contract term to implement the program and operate program services for eight (8) months. Funding for annualized operational expenses is anticipated to be \$1,139,326.00. Contract renewal is contingent on the availability of funds.

The anticipated costs required for program operations must be entered for the initial term of this contract into a proposed budget for fiscal year 2026 and submitted with this response using the Proposed Budget Form found at: <https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and detailed summary of the costs must be provided in the Proposed Budget Narrative. The Proposed Budget Form and the Proposed Budget Narrative must be submitted as documents included in PDF 3: Section III - *Additional Documents*.

The Proposed Budget Form will detail anticipated expenditures of up to \$757,099.00 from the date the contract is effective on November 1, 2025, through June 30, 2026.

Additional funding to pay for permitted start-up costs is not available.

DCF may approve for reimbursement the start-up costs respondents propose in their budgets using the funds available in the contract ceiling. The anticipated costs required to begin program operations must be entered into the appropriate Start-up funding column of the Proposed Budget Form found at:

<https://www.nj.gov/dcf/providers/contracting/forms/> and a justification and summary of the costs must be included in the Proposed Budget Narrative.

The completed Proposed Budget Form and the Proposed Budget Narrative must be submitted as documents included in PDF 3: Section III - *Additional Documents*. Respondents may propose total start-up costs of up to \$50,000.00.

Examples of start-up costs may include materials and supplies, including computers, furniture, cell phones; hiring personnel, such as costs for job postings; or other one-time costs to launch the program. All start-up costs are subject to contract negotiations and DCF approval. Funds for approved start-up costs will be released upon the execution of a finalized contract and are paid via Scheduled Payments.

NOTE: The Proposed Budget submitted with a response is not the actual budget an awarded respondent will submit for DCF approval as part of the contract. If awarded a contract, the awarded respondent then shall submit their budget information again using the more detailed Annex B Budget Form found at: <https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls>.

The awarded respondent shall prepare and submit an annual budget each fiscal year. DCF will issue payments to the provider on a scheduled basis up to the contract's approved budget amount.

Each budget will require Reports of Expenditures and be subject to the DCF contract close out process following the end of the contract term in accordance with the DCF Contract Close Out policy at:

[https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p7\\_closeout.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_closeout.pdf) DCF will compare the actual approved expenditures appearing on the final report of expenditures and the independent audit with the total contract revenue realized through the receipt of scheduled payments and may recoup as an overpayment the funds that exceeded the actual allowable contract expenditures of the approved budget.

Matching funds are not required.

Responses that demonstrate the leveraging of other financial resources are encouraged.

### C. Pre-Response Submission Information:

Respondents may not contact DCF in person or by telephone concerning this RFP. Questions may be sent in advance of the response deadline via email to DCF.ASKRFP@dcf.nj.gov.

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the RFP must be requested by 12 P.M. on Thursday, June 19, 2025.**

Questions should be asked in consecutive order, from beginning to end, following the organization of the RFP and each question should reference the page number and section number to which it relates. All inquiries submitted should reference the program name appearing on the first page of this RFP.

Written inquiries will be answered and posted on the DCF website as a written addendum to this RFP at: <https://nj.gov/dcf/providers/notices/requests/>

### D. Response Submission Instructions:

All responses must be submitted **ONLINE by 12:00 P.M. on July 9, 2025.** Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) registration form found at [AOR.pdf \(nj.gov\)](#) and send it to [DCF.ASKRFP@dcf.nj.gov](mailto:DCF.ASKRFP@dcf.nj.gov) no later than five (5) business days before the response due date. **AOR registration forms received after close of business on July 1, 2025, may not be processed in time for the response due date.**

The completed AOR registration form must be signed and dated by the Chief Executive Officer or designated alternate and sent to DCF.ASKRFP@dcf.nj.gov. Only one (1) AOR registration form is required, even if the respondent intends to file multiple responses. The respondent is required to enter each location to be served on the AOR registration form.

Upon receipt of the completed AOR registration form, DCF will grant the respondent permission to proceed and provide instructions for the submission of the response(s) electronically. DCF recommends emailing your AOR registration forms as soon as you know you will be filing a response to allow time to report to DCF any technical difficulties you may encounter and to timely resolve them.

### E. Required PDF Content of the Response:

Submit in response to this RFP four (4) separate PDF documents labeled as follows:

**PDF 1-Statement of Acceptance**

The entire content of *Section II - Required Performance and Staffing Deliverables* (ending with a Signed Statement of Acceptance)

**PDF 2-Organizational Documents**

All documents in *Section III – Subsection A. Documents Requested to be Submitted with This Response (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response)*

**PDF 3-Additional Documents**

All documents in *Section III – Subsection B. Documents Requested to be Submitted with This Response (Additional Documents Requested to be Submitted in Support of This Response)*

**PDF 4-Narrative Response**

Narrative answers to all questions in *Section IV – Subsections A, B, & C. Respondent's Narrative Responses* (A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports)

**F. Respondent Eligibility Requirements:**

Respondents that have State or Federal grants or contracts must be compliant with all their terms and conditions and in good standing as grantees and contractors.

Respondents must not be suspended, terminated, or barred for deficiencies in the performance of any grant or contract award, and if applicable, all past issues must be resolved as demonstrated by written documentation.

DCF may disqualify and decline to forward for the review of the Evaluation Committee a response from those under a corrective action plan or performance improvement plan in process with DCF or any other New Jersey State agency or authority.

Respondents must be fiscally viable and be able to comply with the contracting rules and regulations set forth in the DCF Contract Policy and Information Manual (CPIM) found at: [DCF | Contracting Policy Manuals \(nj.gov\)](https://www.nj.gov/dcf/cpim/).

Where required, all respondents must hold current State licenses.

Respondents must have a governing body that provides oversight as is legally required in accordance with how the entity was formed, such as a board of directors for corporations, or the managing partners of a Limited Liability Corporation (LLC)/Partnership, or the members of the responsible governing body of a county or municipality.

Respondents must have the capability to uphold all administrative and operating standards as outlined in this RFP.

Respondents must be business entities that are duly registered to conduct business within the State of New Jersey, for profit or non-profit corporations, partnerships, limited liability companies, etc. or institutions of higher education located within the State of New Jersey.

Respondents awarded a contract should ensure their program is operational within ninety (90) days of contract award or the award may be rescinded. Extensions may be available by way of written request to DCF.

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

**NOTE: After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this Section II to signify acceptance of all of them.**

**Submit a complete copy of the content of Section II – Required Performance and Staffing Deliverables, starting with this page and 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-Statement of Acceptance*.**

**A. Subject Matter - The below describes the needs the awarded respondent 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:**

According to the 2021 U.S. Census Bureau and Kids Count Data, 23.8% of the grandparents that live with their grandchildren are kinship caregivers. In NJ, 41,828 grandparents were caring for their grandchildren. For every one child raised by kin in foster care, 28 are being raised by kin outside of foster care.

Per 2022 NJ KNP Connex data, majority of kinship households serviced by NJ KNPs were black or African American, followed by white households. A very small percentage of caregivers serviced were Asian, American Indian, or multiracial. The majority of KNP caregivers serviced were grandparents, followed by aunts and uncles. Most NJ kinship households were female led,

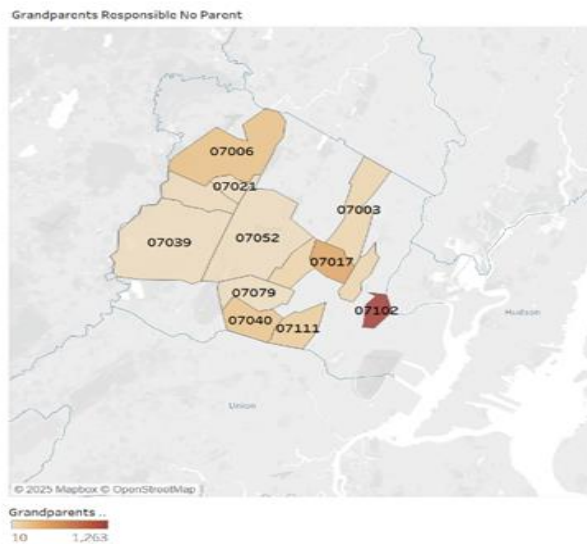


with a very small percentage of male head of households. KNP provided \$2.5 million in kinship wrap around funds to assist NJ caregivers.

The table below depicts the potential KNP eligible caregiver population for each KNP region in 2024.

| County/<br>Region | KNP<br>Population<br>(M) | KNP<br>Families<br>(M) | KNP%<br>Pop<br>Served<br>(2023) | KNP<br>LOS<br>(2024) | LOS% Pop<br>Served (2024) | Agency<br>Growth/<br>Difference |
|-------------------|--------------------------|------------------------|---------------------------------|----------------------|---------------------------|---------------------------------|
| Northern          | 3103                     | 352                    | 11%                             | 800                  | 26%                       | 14%                             |
| Essex             | 6022                     | 486                    | 8%                              | 800                  | 13%                       | 5%                              |
| Central           | 3380                     | 643                    | 19%                             | 800                  | 24%                       | 5%                              |
| Southern          | 1723                     | 725                    | 42%                             | 800                  | 46%                       | 4%                              |
| <b>Statewide</b>  | <b>3557</b>              | <b>2206</b>            | <b>20%</b>                      | <b>3200</b>          | <b>27%</b>                | <b>7%</b>                       |

The NJ census graph below depicts where households with grandparents as caregivers are most prevalent in Essex County: Newark, East Orange, Caldwell, Irvington, and Maplewood.



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

The Kinship Navigator Program is designed to enrich the lives of fictive kin children living in households headed by grandparents, other relatives, or friends. In support of this goal, KNP agencies:

- Provide direct supports to families with informal kinship arrangements, to safeguard family stability and facilitate permanency for children.
- Provide information and referrals to support caregivers' need for critical services for themselves and the child(ren) in their care.
- Engage in professional networking with community-based agencies.

- Coordinate caregiver events throughout the year, such as annual Kinship Caregivers Appreciation Event, and other family engagement events that support kinship families.

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

Kinship Navigator Programs (KNPs) are designed to enhance family well-being by:

- Enriching the lives of children living in households headed by grandparents, other relatives, or friends in partnership with New Jersey's regional kinship agencies.
- Providing supports to families with informal kinship arrangements, to safeguard family stability and facilitate permanency for children.
- Working with the kinship caregivers to assess strengths and needs, provide referrals that align with their needs and goals, and recommend supports to assist the family's unique circumstances.
- Assisting kinship caregivers in learning about, finding, and using programs and services to meet the needs of the children they are raising.
- Connecting kinship caregivers to community organizations, such as Family Success Centers, to help develop a network of support and promote social connections.
- Promoting partnerships among public and private organizations to raise awareness of Kinship Navigator Program services and to connect available resources to the needs of kinship caregivers.

**B. Target Population - The below describes the characteristics and demographics the awarded respondent must ensure the program serves.**

- 1) **Age:**  
Open to kinship families with children up to 18 years and services can be extended up to 21 years with a documented disability.
- 2) **Grade:**  
Up to and including 12<sup>th</sup> grade.
- 3) **Gender:**  
Open to all.
- 4) **Marital Status:**  
N/A
- 5) **Parenting Status:**  
Any person acting as a caregiver, related or non-related, that can provide a stable permanent home environment for fictive kin (non-

biological children). Exemption: caregivers of parenting teens are eligible to apply for kinship services for the parenting teens' child(ren) (caregiver's grandchild/ren).

- 6) **Will the program also serve the children of the primary service recipient?**  
Yes
- 7) **DCF CP&P Status:**  
The child cannot be active on an open child welfare service (CWS)/Child Protection Service (CPS)/Interstate Compact Placement of Child (ICPC) DCP&P cases.
- 8) **Descriptors of the primary service recipient:**  
Fictive kin (non-biological children), up to and including 18 years of age; or up to and including 21 years of age with a documented disability.
- 9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:**  
Any person acting as a caregiver, related or non-related, that can provide a stable permanent home environment for fictive kin (non-biological children). KWS applicants must prove they are the primary caregivers of the child(ren), or have legal custody, and that the children resided with them.
- 10) **Other populations/descriptors targeted and served by this program:**  
All participants must be residents of New Jersey to qualify for service.
- 11) **Does the program have income eligibility requirements?**  
Yes. Eligibility for all Kinship Navigator Program services (except for I&R) are subject to the programs' restrictions regarding caregiver's income, age, and household size, as set forth in the 2022 KNP Operations Manual's eligibility and intake procedures. There are no eligibility criteria for I&R, which is offered to everyone.

**C. Activities - The below describes the activities this program initiative requires of awarded respondents, 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.**

Participation and service delivery are driven by the self-identification and choices of kinship caregivers. All Kinship Navigator Program providers are contracted to maintain and demonstrate fidelity to the expanded case

management program model developed by DCF through rigorous study. KNP providers are expected to follow the standardized processes and procedures outlined in the KNP Operational Manual released in 2022, to ensure fidelity to the enhanced KNP Program Model for increased successful program outcomes. KNP providers are expected to follow the KNP Logic Model and Practice Profile provided as a road map. These materials can be reviewed in the operations manual use the following link: [KNP.Operations.Manual.pdf \(nj.gov\)](https://www.nj.gov/education/operational-manuals/knp-operations-manual.pdf).

1) **The level of service increments for this program initiative:**

- In year 1, the KNP agency pre-screens at least 600 families for program eligibility determinations to be submitted to DCF's Office of Family Support Services
- In year 2 and subsequent contract years, unless amended, the KNP agency pre-screens at least 800 families for program eligibility determinations to be submitted to DCF's Office of Family Support Services.
- In year 1, the KNP agency grants at least 450 KWS stipends during the contract term.
- In year 2 and subsequent contract years, unless amended, the KNP agency grants at least 600 KWS stipends during the contract term.
- In year 1, \$375,000 must be budgeted as specific assistance to clients for Kinship Wraparound Services (KWS).
- In year 2 and subsequent contract years, unless amended, otherwise notified, \$525,000 must be budgeted as specific assistance to clients for Kinship Wraparound Services (KWS).
- The KNP agency processes at least 75 KLG applications initiated with the provider during contract term.
- The KNP agency provides at least one (1) to three (3) referrals to each caregiver, per contract term. At least one (1) of the three referrals must be to a Family Success Center.
- The KNP agency coordinates at least four (4) caregiver support events within the contract term, at least one per quarter, and events must be alternated between/among the KNP service area.

2) **The frequency of these increments to be tracked:** Monthly

3) **Estimated Unduplicated Service Recipients:** N/A

4) **Estimated Unduplicated Families:**

| Unduplicated Families Pre-Screened | Unduplicated Families KWS Grant Stipends | Unduplicated Families KLG Applications |
|------------------------------------|--|--|
| 800                                | 600                                      | 75                                     |

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:**

Kinship families can contact KNP directly or via [nj211.org](http://nj211.org) to be referred to the appropriate KNP agency for service.

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

This is a voluntary service. Applicants who do not meet the target population or program criteria may be offered I&R, but they are ineligible to receive any other KNP services.

A Kinship family who is eligible for and receiving KNP services may be terminated from the program for one state fiscal year due to the caregivers' misuse of funds or inadequate documentation of funds' use.

If a Kinship family becomes involved with DCP&P during KNP service, KNP must discharge the family until the kin child is no longer active with DCP&P. KNP cannot service children active on an DCP&P case.

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

KNPs to follow KNP Operations Manual to complete KWS and KLG application process.

The KNP is required to enter family contacts into the DCF Connex System ("Connex") in a timely manner, beginning at prescreening, continuing through enrollment, and through case closure. All family contacts must be entered prior to the case's closure.

Throughout the case, the KNP agency review's goal plan progress, follows up on action items, and works to overcome identified barriers, and provides additional referrals as needed.

**Intake Pre-Screening:**

- KNP agency engages caregivers who contact provider directly through walk-ins immediately.
- KNP agency engages caregivers who contact them via phone calls or NJ211 within two (2) business days.
- Completed pre-screening applications are entered into Connex to be verified by the OFSS program lead for eligibility. OFSS program lead completes lookup determination, sending notification in Connex system.

- KNP agency provides caregiver written confirmation of their program eligibility or ineligibility within fourteen (14) business days of the OFSS response.

#### **Case Opening/Enrollment:**

- **Pre-Strength and Needs Assessment and Child Stability Assessment:**

- KNP completes the Pre-Strength and Needs Assessment and Child Stability Assessment during an in-person home visit, which occurs within 45 days of the Intake Pre-Screening.
- The Pre-Strength and Needs Assessment may be conducted virtually if there are extenuating circumstances, such as a medical pre-caution.

- **KWS Stipend**

- The KNP provider grants at least 600 KWS stipends during the contract term.
- The KNP Provider may issue KWS stipends to qualifying kinship families as follows:
  - Qualifying kinship families are eligible for a **yearly** KWS grant of up to \$1,000 based on determined need and family composition.
    - Per year, one child is entitled to \$500; two children are entitled to an additional \$200, the third child an additional \$200, and the fourth child an additional \$100.
- The KNP provider issues the KWS stipend within thirty (30) days of the home visit.
- The KNP provider encourages the family to utilize funds to address identified needs that were determined from completed Strengths and Needs Assessment
- The KNP provider outreaches the caregiver, via telephone, within two (2) weeks of the caregiver's receipt of the KWS stipend to follow up on services provided and to complete post assessments.
- The KNP program ensures appropriate management and oversight of these funds.
- The KNP provider collects receipt(s) from caregiver and/or vendor.
- The KNP provider utilizes budgeted KWS direct client assistance funds within the contract term.
- The KNP program submits a monthly report tracking distribution of KWS funds to DCF, due by the 15<sup>th</sup> day of the following month.

- **KWS Special Funding Requests:**
  - In the event a qualifying kinship family requests KWS stipend funds that exceed the kinship family's yearly KWS threshold, the KNP provider can submit a Special Funding Request through Connex for OFSS review and approval.
  - The KNP provider shall encumber Special Funding Request funds at the time it submits the request to OFSS for approval.
  - If OFSS does not approve the additional Special Funding Request, the KNP provider unencumbers the associated funds.
- **KLG Applications:**
  - The KNP provider processes at least 75 KLG applications initiated with the provider during the contract term.
  - The KNP provider assists caregivers with petitioning the court to appoint him or her as Kinship Legal Guardian.
  - The KNP provider assists caregivers who have been granted KLG status with their application for a KLG subsidy grant through their local Board of Social Services (BOSS).
  - The KNP provider will partner with BOSS to complete redeterminations on an annual basis to recertify monthly subsidies through the Board of Social Services Child Only grant for income eligible families.

**Case Closure:**

- Prior to case closure, the KNP completes a post strength and needs assessment, as well as the child stability form with the caregiver.

**Caregiver Outreach and Engagement/Family Support:**

KNPs is to complete a separate KNP Strategic Plan table to include plans for caregiver outreach events, marketing, and outreach for the contract term to OFSS by August 1.

KNPs coordinates and provides at least four (4) caregiver support events within the contract term and the KNP alternates the location for the events between/among their service areas.

One of the minimum four (4) annual events one must be the annual Caregiver Appreciation Event, which is required to occur during the month of September. KNP's are to record caregiver outreach events in the DCF KNP Connex event form.

- **Planning Caregiver Events**  
**Key Collaborators:**



- The required caregiver support events can be held virtually or in person, and to be coordinated with other community partners such as FSCs.
  - KNP are encouraged to collaborate with FSCs, New Jersey Statewide Student Support Services (NJ4S) hubs, School Based Youth Services Programs (SBYSP), Parents Inc., and other community providers for these events and groups.
  - Caregiver support events are designed to increase caregivers' social connections to other caregivers, resources, and supports.
  - Caregiver support events can include resource fairs, financial empowerment classes, support groups, parent education workshops, and activities that support the healthy growth and development of the children in kinship care.
  - The events should target an audience of no less than fifty (50) families.
  - More than one event should be held in several service counties.
  - The provider will submit an Event Proposal to OFSS for each Caregiver Support Event at least 45 days prior to the scheduled event.
- **Caregiver Event Proposal and Using Grant Funds:**
    - KNP contract funds can be used to support the event.
      - As a general guideline, the KNP program may use up to \$500 in contract funds per caregiver event.
    - If funds are being utilized for an event, an itemized event proposal outlining the event and funds will be used must be submitted to OFSS no less than thirty (45) days prior to the event for approval. In the event proposal, be sure to include the number of families invited/registered to attend and the date and location of the event.
- **Community Partners Outreach:**
    - KNP agencies are expected to engage in monthly community collaborations and events to market KNP and to outreach new caregivers.
    - The KNP must engage in at least three (3) outreach efforts per quarter throughout service area.
    - KNP are expected to establish strong neighborhood and community partnerships that will be able to meet the varied needs of the target population.
    - KNP are required to create partnerships with strategic community partners identified by DCF and others such as FSOs, FSCs, DCP&P, Court, Board of Social Services (BOSS), CCR&Rs, schools, community planning board



meetings, healthcare offices, faith-based programs, Senator offices, etc.

- **Family Success Center (FSC) Collaboration:**

- KNP's are expected to maintain a strong partnership with all Family Success Centers (FSCs) in their service areas.
- KNP's are to ensure they are on the FSCs' email list.
- KNP's are to share FSC resources and events with all Kinship caregivers throughout contract term.
- KNP's are required to engage in at least four (4) Family Success Center (FSC) events, per year,
- KNP's are required to alternate their engagement between/among Family Success Centers across the counties the KNP serves.

- **Ensure Race/Ethnicity Demographic Reach:**

- KNP's will identify three (3) underserved populations not represented in current LOS to target this contract term. KNP's will record monthly marketing efforts to these target populations into Connex and will use Connex, NJ Kids Count, and other available community data to identify targeted populations. KNP's will indicate this information in the KNP Strategic Plan.

- **Promotional Materials:**

KNP's utilize an array of outreach, program marketing, and resource connection strategies to educate caregivers and inform community partners about KNP services.

- KNP's ensure that promotional materials include access information regarding Family Success Centers; and New Jersey's Parent Inc. Family Helpline
- KNP's ensure that promotional materials are readily available to all caregivers, and reflect languages spoken by caregivers in the communities served by the KNP.
- Promotional materials must advertise the services available from the KNP.

9) **The service modalities required for this program initiative are:**

**NJ Standards for Prevention Programs: Building Success through Family Support**

The NJ standards were developed in 2003 and revised in 2014 by the New Jersey Task Force on Child Abuse and Neglect in collaboration with DCF Division of Family and Community Partnerships. Contract applicants are expected to embrace the practice and administrative standards set forth in this document.

The Standards for Prevention can be found at:

<http://nj.gov/dcf/news/reportsnewsletters/taskforce/Standards.for.Prev.ention.Programs.pdf>

### **New Jersey Kinship Navigator Practice Profile**

The Office of Family Support Services in partnership with DCF Office of Strategic Development utilized best practices from implementation science and developed the New Jersey Kinship Navigator Practice Profile to support the development of a well-defined KNP model and implementation supports that include training, coaching, fidelity tools etc. All staff must complete the required NJ KNP staff trainings, please reach out to your OFSS program lead for access to the web-based training material.

The New Jersey Child Abuse & Neglect Prevention Plan 2014-2017 can be found at:

<http://www.state.nj.us/dcf/news/reportsnewsletters/taskforce/SupportingStrongFamiliesandCommunitiesinNew%20Jersey.pdf>

#### **a) Evidence Based Practice (EBP) modalities:**

##### **Strengthening Families Protective Factors**

The protective factors, which are described in New Jersey Child Abuse and Neglect Prevention Plan 2014-2017, should be incorporated into all community and family services operations. Protective factors are tools that families and communities draw upon to increase the health and well-being of children and families.

**b) DCF Program Service Names:** Kinship Navigator Program (KNP) and; Kinship Navigator Program (KNP), Wraparound

**c) Other/Non-evidence-based practice service modalities:** N/A

- 10) **The type of treatment sessions required for this program initiative are:** N/A
- 11) **The frequency of the treatment sessions required for this program initiative are:** N/A
- 12) **Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:** N/A
- 13) **The professional development through training, supervision, technical assistance meetings, continuing education,**

**professional board participation, and site visits, required for this program initiative are:**

**Staff Training**

All KNP staff are expected to complete the online Rutgers University Kinship Navigator Canvas trainings and be trained in and knowledgeable about the KNP Practice Profile and KNP Logic Model. KNPs are expected to set up in-service trainings annually for staff to ensure that all staff are familiar with KNP enhanced operations. KNPs are expected to set up supervision and ongoing oversight of KNP work to ensure staff is incorporating the guiding principles and enter accurate data into the DCF KNP Connex mis system. To learn more about the guiding principles and essential functions found in the logical model and listed below, please reference the Kinship Navigator Program Operations Manual.

| <b>Guiding Principles<br/>of Kinship Navigator Programs</b>   | <b>Essential Functions<br/>of Kinship Navigator Programs</b>   |
|---|--|
| <p>Family-Focused<br/>Strengths-Based<br/>Voluntary<br/>Culturally Competent<br/>Child Safety and Well-being-<br/>Permanency and Out-of- home<br/>Placement<br/>Flexible<br/>Accessible</p> | <p>Engaging<br/>Supportive Listening<br/>Assessing<br/>Connecting<br/>Advocating<br/>Collaborating</p> |

14) **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**

15) **The student educational program planning required to serve youth in this program: N/A**

**D. Resources - The below describes the resources required of awarded respondents to ensure the service delivery area, management, and assessment of this program.**

1) **The program initiative's service site is required to be located in:** Must be accessible to the geographic area(s) served by the KNP program. The KNP program may use space or be hosted by another agency in the area(s) it serves.

- 2) **The geographic area the program initiative is required to serve is:**  
Essex County
- 3) **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:**

**Hours of Operation**

The KNP agency must have hours of operation to meet the needs of the caregiver between 8 a.m. and 5 p.m., Monday through Friday. Services and written notification should indicate flexibility based on caregivers' needs within the hours of operation. Agency should also make efforts to accommodate working caregivers outside of hours of operation. There should be at least one to two (1-2) staff at the designated KNP program site always to assist caregivers that call and walk into agency for services, including picking up or dropping off documentation for KWS grants.

- 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?**

All programs maintain an answering service to communicate important information regarding emergency closings or event cancellations in languages appropriate to the community.

Parent agency/KNP notify the DCF Office of Family Support Services and DCF Business Office of emergency or unplanned closings.

In the event of a statewide or local emergency, the organization must provide DCF alternate contact information for the KNP Program Director.

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

KNPs to ensure home visits and pick up/drop off hours for documentation or KWS grant are flexible to accommodate caregivers that work. KNP written communication to caregivers should also reflect language that conveys the providers' willingness to make reasonable accommodation to caregivers that can't report to the agency during normal business hours due to employment.

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

KNP staff, languages spoken, and written materials should be reflective of the population served. At a minimum, KNPs shall use strategies including bi-lingual staff, ensuring the availability of translation services

for written material, and ensuring translation services for speaking with families where appropriate bi-lingual staff are not available.

**NOTE:** Respondents should take care to include funds for translation services in their proposed budget.

8) **The transportation this program initiative is required to provide:**  
None required.

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:**

Note: All positions shall provide a minimum 35 hours of service per week and are 100% dedicated to the KNP program operations, with the exception of the Administrative Assistant position which can be part time (according to operational needs of program).

Minimum Program Staffing Requirements Per KNP Provider:

| Minimum # of Staff per KNP Provider |
|-------------------------------------|
| 1 FTE Program Supervisor            |
| 4 FTE Case Managers                 |
| 1 FTE Intake Specialist             |
| 1 PTE Administrative Assistant      |

Position Descriptions & Credentials:

| Position  | Experience/ Skills/ Certifications & Training   | Education / Certificate/ Credentials                            |
|---|---|---|
| <b>Program Supervisor</b><br>(1 FTE)<br><br>Minimum Salary: \$56,000<br>(commensurate with education and/or experience) | <ul style="list-style-type: none"> <li>Three (3) years of supervisory experience having responsibility for managing the development or implementation of community-based services, prevention programs, or any other human assistance programs.</li> <li>Valid NJ Driver's License, safe driving record, and vehicle availability are required.</li> <li>If the agency has a candidate that does not meet the above qualifications, a request for special consideration may be submitted on a case-by-case basis for review.</li> </ul> | Bachelor's Degree is required.<br>Master's Degree is preferred. |

|  |  |   |
|--|--|---|
|  | Contact your OFSS Program Lead in writing to request further information.  |   |
| <b>Case Managers</b><br>(4 FTE)<br><br><b>Intake Specialist</b><br>(1 FTE)<br><br>Minimum Salary:<br>\$46,000<br>(commensurate with education and/or experience) | <ul style="list-style-type: none"> <li>• Minimum of one (1) year experience working with children, families, and adolescent populations.</li> <li>• Valid NJ Driver's License, safe driving record, and vehicle availability are required.</li> <li>• If the agency has a candidate that does not meet the above qualifications, a request for special consideration may be submitted on a case-by-case basis for review. Contact your OFSS Program Lead in writing to request further information.</li> </ul> | Bachelor's Degree is preferred. Staff who do not possess a degree may substitute an associate degree with two (2) years of customer-related experience. |
| <b>Administrative Assistant</b><br>(at least 1 PTE)  | <ul style="list-style-type: none"> <li>• At least one (1) year of clerical experience</li> <li>• Valid NJ Driver's License and clean driver's abstract.</li> </ul>   | High School Diploma or General Education Degree (GED)   |

- 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:**  
KNP staff are expected to attend periodic meetings of the statewide service network as scheduled and convened by the OFSS, in addition to site visits or virtual technical assistance meetings to review program operations.
- 12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:**  
KNPs are required to partner with community partners that service target population, in addition to FSCs, to market KNP and to provide resources to kinship caregivers.
- 13) **The data collection systems this program initiative requires:**  
  
KNPs are to ensure that KNP staff follow policy and procedures outlined in program manual to input data into the DCF KNP Connex mis system. KNP supervisors are to ensure oversight of this data and compliance with KNP logic model and KNP workflow.
- 14) **The assessment and evaluation tools this program initiative requires:**  
Connex strength and needs assessments and customer satisfaction survey.

**E. Outcomes - The below describes the evaluations, outcomes, information technology, data collection, and reporting required of respondents for this program.**

**1) The evaluations required for this program initiative:**

**Program Performance Evaluation**

Caregivers will be provided satisfaction surveys upon completion of services. KNP's will review customer satisfaction data monthly and resolve issues identified to ensure quality of service delivery. KNP's are expected to investigate customer concerns and resolve issues in a timely manner. KNP's are expected to ensure caregiver has a positive customer service experience. KNP's will do the following:

- Achieve an 80 percent client satisfaction rating based on a client survey that will be indicated by caregivers.
- Schedule or performs at least 95 percent of the initial home visits within 45 business days of receipt of the referral from 211 or a call from the caregiver to the agency.
- Determine the eligibility of the caregiver and completes the application for services within thirty (30) days of the home visit provided that necessary documentation is supplied by the caregiver.
- Purchase or fulfill requests for wraparound items within thirty (30) days of completion of the approved application.
- Provide case management for caregivers who are unable to produce all necessary documentation.
- Deliver at least 85 percent of the requested services to the caregiver within a 30-day timeframe, following the home visit, making every attempt to deliver the services within a 90-day timeframe beginning with the initial call or referral.
- Achieve accuracy of eligibility determination in at least 95 percent of all cases referred.
- Ensure oversight of data entered into DCF KNP Connex MIS system.
- Maintain ongoing community partnerships.
- Ensure extensive various marketing efforts to outreach new kinship caregivers in need of KNP services.
- Review monthly Level of Service reports.

**2) The outcomes required of this program initiative:**

**a) Short Term Outcomes:**



- Kinship families experience increased stability and demonstrate increased protective factors and self-sufficiency.
- Kinship families demonstrate decreased needs.

**b) Mid Term Outcomes:**

- Kinship caregivers have increased access to resources that help meet their family's needs.
- Kinship caregivers are provided increased referrals to match their strengths, needs, and goals, so that caregivers learn about all resources available within their community.

**c) Long Term Outcomes:**

- Kinship caregivers report positive linkages to the services they were referred to and that the referral was appropriate for and met their needs,
- Kinship caregivers' express satisfaction with the services they receive from the KNP provider.
- Kinship families have enhanced capacity to provide for their family members' needs.

**3) Required use of databases:**

The KNP agency is required to utilize the DCF KNP Connex MIS system for KNP program operations. The KNP agency must train and ensure staff enter required data accurately into the DCF KNP Connex in a timely manner. Supervisors and directors are to provide ongoing oversight to ensure accuracy in program data, program performance data, and compliance of data entered with KNP logic model and program manual.

**4) Reporting requirements:**

All programmatic reports are submitted electronically to DCF via DCF KNP Connex Management Information System (MIS) in accordance with the guidelines specified below:

KNPs must enter service delivery data outcomes into DCF KNP Connex by the fifteenth day of the following month.

- KNP's are to enter prescreening intakes, family contacts, pre and post strength and needs assessments, goal plans, referrals, funds distribution, child stability forms and special requests into the DCF KNP Connex system.
- KNP's are required to enter their community outreach efforts into DCF KNP Connex monthly.
- KNP's record in Connex events form additional monthly outreach efforts made to partners that service target



population, i.e. BOSS, FSCs, DCP&P, Court, BOSS, Child Care Resource and Referral agencies (CCR&Rs).

- KNPS are required to enter their partnerships in the Connex community partners form monthly.
- KNPs will record at least four (4) FSC events they co-hosted or collaborated with the FSCs on an annual basis.
- KNPs will record monthly marketing, community collaborations, and caregiver outreach events,
- KNPs are responsible to submit monthly a copy of KWS spending to OFSS Program Lead.
- Quarterly expenditure reports (QROE) are due to the DCF Business Office(s) by the 15<sup>th</sup> day of the month following the end of a quarter. Failure to provide a QROE may delay funding to the program.

#### **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.

**County to be served:** Essex County

**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 Documents Requested to be Submitted in Support of This Response*. **Each of these two (2) sections must be submitted as a separate PDF, which would be the second and third PDF submission in your response packet.**

#### **A. Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response:**

**Submit all the documents described in this Section III – Subsection A. (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with this Response). This will be the second PDF submission in your response and is to be labeled as: PDF 2-Organizational Documents.**

- 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) **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/](https://www.state.nj.us/treasury/contract_compliance/)
- 3) **Agency By-Laws -or- Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership
- 4) **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>

- 5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.
- 6) 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>
- 7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.  
Form: [HIPAA Form 200-B](#)
- 8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).
- 9) **Corrective action plans, performance improvement plans, or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

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

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

<https://www.nj.gov/dcf/providers/notices/requests/Statement-of-Non-Applicability-Regarding-Corrective-Action.pdf>

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

- 10) **Certification Regarding Debarment**  
Form: <https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf>
- 11) **Disclosure of Investigations & Other Actions Involving Respondent**

Form:

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

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

Form:

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

**13) Ownership Disclosure Form**

\* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-RESPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

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 prior to submitting it with the response shall result in rejection of the response.

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

Form:

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

**15) 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>

**16) System for Award Management (SAM)** - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.

Website: <https://sam.gov/content/home>

Helpline: 1-866-606-8220

**17) Certificate of Incorporation**

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

**18) Notice of Standard Contract Requirements, Processes, and Policies**

- Sign and date as the provider

Form: [Notice.of.Standard.Contract.Requirements.pdf \(nj.gov\)](#)

- 19) **Organizational Chart of Respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.
- 20) **Chapter 271/Vendor Certification and Political Contribution Disclosure**  
[2006 Federal Accountability & Transparency Act (FFATA)]  
Form: <https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf>
- 21) **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 respondent'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/sexualabuse/safechildstandards/)
- 22) **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>
- Individual Provider Agreement:**  
<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>
- 23) **Tax Exempt Organization Certificate (ST-5) -or- IRS Determination Letter 501(c)(3)**  
Website: <https://www.nj.gov/treasury/taxation/exemptintro.shtml>
- 24) **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.

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

**B. Additional Documents Requested to be Submitted in Support of This Response**

**Submit all the documents described in this Section III – Subsection B. (*Additional Documents Requested To Be Submitted In Support Of This Response*). This will be the third PDF submission in your response and is to be labeled as: PDF 3-Additional Documents.**

- 1) A completed **Proposed Budget Form** documenting all costs associated with operating the program. If DCF is allowing funding requests for **start-up costs**, document these separately in the appropriate column of the Proposed Budget Form. This form is found at:  
<https://www.nj.gov/dcf/providers/contracting/forms/>
- 2) 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.
- 3) An **Implementation Plan** for the program that includes a detailed timeline for implementing the proposed services, or some other detailed weekly description of your action steps in preparing to provide the services and to become fully operational.
- 4) Three (3) **Letter(s) of Collaboration** disclosing informal partnerships or cooperative agreements relevant to your provision of contract services.
- 5) Three (3) **Letter(s) of Support** from community organizations with which you already partner. Letters from any New Jersey State employees are prohibited.
- 6) **Proposed Respondent Organizational Chart** for the program services required by this response that includes the respondent’s name and the date created.

- 7) A **Training Curricula Table of Contents** for the current and proposed staff consistent with the requirements described and certified to in the Activities Requirements of the Required Performance and Staffing Deliverables of this RFP.

#### **Section IV - Respondent's Narrative Responses**

Respondents who sign the above Statement of Acceptance to provide services in accordance with the *Required Performance and Staffing Deliverables* additionally must submit a narrative response to every question below. A response will be evaluated and scored as indicated on each of the following three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. Respondents must organize the Narrative Response sections submitted in the same order as presented below and under each of the three corresponding title headings.

The combined three (3) narrative sections of the response should be a minimum of eight (8) pages and a maximum of ten (10) pages.

The narrative should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. Narrative Sections of the responses should be double-spaced with margins of one (1) inch on the top and bottom and one (1) inch on the left and right. The font shall be no smaller than twelve (12) points in Arial or Times New Roman.

**Submit responses to all questions described in this Section IV – Subsections A., B., and C. (Respondent's Narrative Responses: Community and Organizational Fit, Organizational Capacity, and Organizational Supports) as a single PDF, within the prescribed page limit of 8-10 pages. This will be the fourth PDF submission in your response and is to be labeled as: PDF 4-Narrative Response.**

##### **A. Community and Organizational Fit            (20 Points)**

*Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, culture and history, and other interventions and initiatives.*

- 1) Describe how this initiative is consistent with your organization's mission, vision, and priorities.
- 2) Describe how this initiative fits with existing initiatives/programming in your organization.

- 3) Describe any existing services and programs that are categorized as well supported, supported, or promising as per the California Evidence-Based Clearinghouse for Child Welfare definition(s) (CEBC). <https://www.cebc4cw.org/>
- 4) Describe how this initiative is consistent with your organization's experience working with the target (or similar) populations required to be served by this initiative.
- 5) Describe how you will meet the geographic area requirements of this program initiative.
  - a. Describe what data was used to determine the Kinship Navigator physical office location and the "office hours" identified to service the kinship population in these areas.

## **B. Organizational Capacity (60 Points)**

*Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.*

- 1) Describe how the organization's leadership is knowledgeable about and in support of this initiative. Include how the requirements of this initiative 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?
- 2) Does the organization currently employ or have access to staff that meet the staffing requirements for this initiative as described and certified to in the Resources/Staff Requirements section of the *Required Performance and Staffing Deliverables* of this RFP. If so, describe.
- 3) Does staff have a cultural and language match with the population they serve, as well as relationships in the community? If so, describe.
- 4) Describe how your Agency plans to fulfill staffing requirements not currently in place by hiring staff, consultants, sub-grantees and/or volunteers who will perform the proposed service activities.
- 5) Are there designated staff with capacity to collect and use data to inform ongoing monitoring and improvement of the program or practice? If so, describe.



- 6) What administrative practices must be developed and/or refined to support the initiative/program/practice? What administrative policies and procedures must be adjusted to support the work of the staff and others to implement the program or practice?
- 7) Describe how the requirements of this initiative will be met through your existing collaborations, partnerships and collaborative efforts with other communities and systems.
  - a. Describe your ties to these communities and the partnerships within them, and how you will leverage these relationships to increase their connections to the kin population.
- 8) Describe how the requirements of this initiative will be met through your membership in professional advisory boards.
- 9) Describe how the requirements of this initiative will be implemented through the existing or anticipated community partners listed and certified to in the resources section and the collaborative activities listed and certified to in the activities section of the *Required Performance and Staffing Deliverables* of this RFP.
- 10) Describe how the requirements of this initiative will be met through your plans for program accessibility that include, at a minimum, the following details: site description, safety considerations, and transportation options for those served.
- 11) Describe how the requirements of this initiative will be met through your strategies for identifying and engaging the target population and for maintaining their participation in services in accordance with service recipients' need(s).
- 12) Describe how you intend to outreach and locate eligible KNP families in the areas where data shows kin caregivers to be most prevalent in Essex County, as described in this RFP.

**C. Organizational Supports (20 Points)**

*Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.*

- 1) Describe how your organization will support this initiative with required/ necessary training, coaching, supervision. Describe your organization's process to evaluate staff performance.

- 2) Describe how your organization will support the staff implementing this initiative by leveraging the resources of providers; communities; and other stake holders.
- 3) Describe how your organization will support the requirements of this initiative for collection, maintenance, and analysis of data. Will this require use of or changes to existing monitoring and reporting systems?
- 4) Describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.
- 5) Describe how this initiative will be supported by your quality assurance and performance improvement processes, including the meaningful role of those to be served.
- 6) Describe how this initiative will be supported by your willingness to engage in participatory, collaborative evaluation planning with DCF to improve and finalize outcome indicators.

## **Section V - Response Screening and Review Process**

### **A. Response Screening for Eligibility, Conformity, and Completeness:**

DCF will conduct a preliminary review of each response to determine whether it is eligible for evaluation or immediate rejection in accordance with the following criteria:

- 1) The response was received prior to the stated deadline.
- 2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.
- 3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five (5) business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.
- 4) The response conforms to the specifications set forth in the RFP.

Failure to meet the criteria outlined above, constitutes grounds for rejection of the response.

Responses meeting the initial screening requirements of the RFP will be distributed to the Evaluation Committee for its review and recommendations.

## **B. Response Review Process**

DCF convenes an Evaluation Committee in accordance with existing policy to review all responses. All voting and advisory reviewers complete a conflict-of-interest form. Those individuals with conflicts or with the appearance of a conflict are disqualified from participation in the review process. The voting members of the Evaluation Committee will review responses, deliberate as a group, and recommend final funding decisions.

DCF reserves the right to reject any response when circumstances indicate that it is in its best interest to do so. DCF's best interests in this context include, but are not limited to, the State's loss of funding, inability of the respondent to provide adequate services, applicant's lack of good standing with a State Department, and an indication or allegation of misrepresentation of information or non-compliance with any State contracts, policies and procedures, or State or Federal laws and regulations.

A response to an RFP may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation, to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with the service implementation and payment processes described. In addition, a response to an RFP will be evaluated and scored by the Evaluation Committee based on the quality, completeness, and accuracy of each of the three Narrative Sections: A. Community and Organizational Fit; B. Organizational Capacity; and C. Organizational Supports. A response earning the highest score may result in a contract award. The narrative must be organized appropriately and address the key concepts outlined in the RFP. The quality and completeness of the required documents may impact the score of the Narrative Sections to which they relate.

All respondents will be notified in writing of DCF's intent to award a contract.

## **C. Appeals**

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are

sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

An appeal of a determination not to award contract funding may be considered only if it is alleged that DCF has violated a statutory or regulatory provision in its review and evaluation process.

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten (10) business days following the date on the Notice of Disqualification or Notice of Regret letter by emailing it to [DCF.AHUAppeals@dcf.nj.gov](mailto:DCF.AHUAppeals@dcf.nj.gov) and/or mailing it to:

Department of Children and Families  
Office of Legal Affairs  
Contract Appeals  
50 East State Street 4th Floor  
Trenton NJ 08625

## **Section VI - Post Award Requirements**

### **A. General Conditions of Contract Execution:**

Respondents who receive notice of DCF's intent to award them a contract will be referred to the DCF Office of Contract Administration (OCA). As a condition of executing a contract, awarded respondents must resolve with OCA any issues raised in the award letter or otherwise found to be need of clarification. If DCF finds after sending a notice of intent to award that the awarded respondent is incapable of providing the services or has misrepresented any material fact or its ability to manage the program, the award may not proceed to contract execution. DCF determines the effective date of any contract, which is the date compensable services may begin.

An awarded respondent 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. Awarded respondents may review these items via the Internet at: [www.nj.gov/dcf/providers/contracting/manuals](http://www.nj.gov/dcf/providers/contracting/manuals) <https://www.state.nj.us/dcf/providers/contracting/forms/>.

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

### **B. Organizational Documents Prerequisite to Contract Execution to be Submitted After Notice of Award:**

The contract administrator assigned to initiate and administer an awarded respondent's contract will require the awarded respondent to submit the following documents prior to finalizing the contract for funding:

### **Post-Award Documents Prerequisite to the Execution of All Contracts**

- 1) **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/DiscriminationAcknowledgmentReceipt.pdf>  
Policy: <https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf>
- 2) **Annual Report to Secretary of State** proof of filing.  
Website: <https://www.njportal.com/dor/annualreports>
- 3) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.  
Form: <https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.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.
- 4) **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, respondent 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](mailto: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)
- 5) **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](mailto: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)

- 6) Document showing **NJSTART Vendor ID Number** (NJ's eProcurement System) Website: <https://www.njstart.gov/> Helpline: 609-341-3500 or - [njstart@treas.nj.gov](mailto:njstart@treas.nj.gov)
- 7) **Standardized Board Resolution Form**  
Form: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p1\\_board.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf)
- 8) **Program Organizational Chart**  
Should include agency name & current date

### **Post-Award Documents Prerequisite to the Execution of This Specific Contract**

- 1) **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>
- 2) **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>
- 3) **Certification Regarding Exemptions**  
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 4) **Certification Regarding Reporting**  
Website: <https://www.nj.gov/dcf/providers/contracting/forms>
- 5) **Equipment Inventory** (of items purchased with DCF funds) Policy: [https://www.nj.gov/dcf/documents/contract/manuals/CPIM\\_p4\\_equipment.pdf](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf)

- 6) **Schedule of Estimated Claims (SEC)** - signed  
Form: Provided by contract administrator when applicable.
- 7) **Professional Licenses and/or Certificates** currently effective related to job responsibilities.
- 8) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

### C. Reporting Requirements for Awarded Respondents

Awarded respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFP 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)

Awarded respondents 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](https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf)

- 2) **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 \(nj.gov\)](#)

B. Fee for Service Contract Component: Not Required.

**3) 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/>

**4) 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: Awarded respondents 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 P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; 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](https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf)

Website:

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

**D. Requirements for Awarded Respondents 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) Awarded Respondent's Procurement Policy