NEW JERSEY SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
EMPLOYMENT AND TRAINING PROVIDER PROJECT 2014
REQUEST FOR PROPOSALS

Issued By:
Department of Human Services
Division of Family Development
Jeanette Page-Hawkins, Director

April 7, 2014
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PURPOSE OF FUNDING:

The New Jersey Department of Human Services (NJDHS), Division of Family Development (DFD), announces the availability of funds for the New Jersey Supplemental Nutrition Assistance Program Employment and Training Provider (NJ SNAP ETP) Project. This program is intended to provide funding under which DHS shall form partnerships with qualifying agencies to provide employment and training services to eligible participants under NJ SNAP ETP and receive federal reimbursements for those services. These services include assisting SNAP recipients with acquiring the skills, training, work, or experience necessary to obtain regular employment.

BACKGROUND:

The Supplemental Nutrition Assistance Program (SNAP), formerly the Food Stamp Program, puts healthy food on the table for millions of low-income Americans every month. The program supplements the budgets of low-income people by providing benefits via an electronic benefit card which is used like a debit card at most food retailers. Through nutrition education partners, the program helps clients learn to make healthy eating and active lifestyle choices. The Food and Nutrition Service (FNS), United States Department of Agriculture (USDA), reports that as of May 10, 2013, New Jersey serves a total of 866,157 SNAP recipients.

On April 15, 2013, Governor Christie signed legislation, Pub.L. 2013, Chapter 45, establishing a Supplemental Nutrition Assistance Program Employment and Training Provider Project in an effort to assist eligible SNAP participants obtain job training and develop the necessary skills to find and keep regular employment.

PROJECT GOALS:

The overall goal of the NJ SNAP ETP RFP is for DHS to establish partnerships with qualifying agencies that will provide the necessary services, such as job skills and job training, to lead eligible NJ SNAP recipients to regular employment and self-sufficiency, eliminating their dependence on SNAP. The targeted population includes, but is not limited to, SNAP recipients who are either unemployed youth aged 16 to 24 years of age, or individuals with substance abuse barriers.
AMOUNT OF AVAILABLE FUNDING:

Funding of up to 45 percent of the federal SNAP reimbursement is made available for Fiscal Year (FY) 2014, for three or more qualifying agencies to service New Jersey through the DHS, Division of Family Development (DFD). The department shall select no fewer than three partnering providers, from among qualifying agencies submitting proposals for this Request for Proposals. The department may select partnering providers that would provide NJ SNAP ETP services within any service area including, but not limited to: the entire State; one or more regions encompassing several counties; or a single county. Funding for this initiative is subject to the availability of federal matching funds.

CONTRACT PERIOD:

The four-year contract period will be from August 4, 2014 through August 3, 2018. The Department reserves the right not to issue a grant for a subsequent year of this Initiative under certain circumstances, such as, but not limited to, the availability of federal funds, the unsatisfactory performance of the Grant Recipient, failure to submit required contract documentation within prescribed timeframes, or failure to meet contract requirements.

Continuation of funding in subsequent years will be based on performance standards that relate to community outreach expectations; being compliant with DFD program monitoring; and accuracy of fiscal and contract level of service reporting.

REPORTING REQUIREMENTS:

The department shall, in consultation with the county welfare agencies and the Department of Labor and Workforce Development:

- Submit requests for federal SNAP ETP reimbursements and fulfill all reporting and other SNAP ETP administrative responsibilities required by the Food and Nutrition Service in the United States Department of Agriculture;
- Distribute federal SNAP ETP reimbursements received by the State under this project to the partnering providers whose non-federal resources and program expenditures generated the federal reimbursements;
- Collect data concerning partnering providers and project participants, activities, and outcomes; and
Audit partnering providers on a routine basis to ensure fiscal and program integrity.

ELIGIBLE APPLICANTS:

Eligible Applicants are qualifying agencies that are able to provide 100 percent matching funds from non-federal sources. 100 percent matching funds means that providers give the total 50% to match the amount of Federal funding. A qualifying agency means a local government, non-profit entity, institution of higher education, foundation or other eligible community-based organization that qualifies for allowable federal SNAP reimbursement pursuant to the federal “Food and Nutrition Act of 2008,” Pub.L. 110-246(7 U.S.C. s.2011 et seq.) by providing allowable services that help SNAP recipients acquire the skills, training, work, or experience necessary to obtain regular employment. A qualifying agency may also include a consortium of organizations.

Eligible Applicants must comply with the following statements, as well as any requirements set forth in the following documents:

- Statement of Assurances (Attachment A)
- Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (Attachment B)
- Executive Order 189- Conflict of Interest (Attachment E)
- Executive Order 129 Certification-Source Disclosure Certification Form (Attachment F)
- Pub.L. 2005, Chapter 51 (Executive Order 134) “Pay to Play” Certification and Disclosure Form, and Executive Order 117 Certification of Compliance forms (see Attachment G)

**In order to be considered eligible for funding consideration, all Applicants must submit one complete original and one copy of the “Certification and Disclosure” form along with their proposals.** The form is not to be included as part of the Applicant’s proposal package, but as a separate and distinct document that must be submitted together with the Applicant’s proposal.
APPLICANT QUALIFICATIONS:

In selecting partnering providers for participation in the project the department shall prioritize partnering providers that would:

- Serve SNAP recipients with significant barriers to employment, including, but not limited to: able-bodied adults without dependents required to participate in employment and training programs as a condition of receiving SNAP benefits; individuals with low literacy or limited English proficiency; veterans who are not eligible for other employment and training programs; individuals with a history of substance abuse; and persons who are 16 through 24 years of age;

- Serve unemployed or underemployed parents, including non-custodial parents and parents who have exceeded their Work First New Jersey TANF 60-month lifetime limit on cash assistance;

- Provide training in both vocational and technical skills, as well as “soft skills,” including, but not limited to: workplace preparation training, teamwork, problem solving, time management, and conflict resolution;

- Provide training that results in marketable credentials and that prepares participants for employment or reemployment in industries with projections of growth, as DHS identifies those industries in collaboration with the Department of Labor and Workforce Development;

- Provide 100 percent matching funds. Matching funds can be produced from cash donations or in-kind contributions but must come from a non-federal source. Matching funds means the total 50% to match Federal funding. The agency can expect to receive 45 percent back in reimbursements from the State. The State will not reimburse the agency unless and until federal funds are made available to DFD and incorporated in the DFD budget for this purpose. The State is not responsible for any changes in federal funding availability;

- Conduct job development activities and identify how job opportunities will be secured to maximize SNAP recipients’ permanent placement in employment providing compensation at the level of a living wage and opportunities for wage progression;

- Demonstrate a proven history of job placement and retention; and

- Comply with DHS’ Contract Reimbursement Manual and the Contract Policy and Information Manual as well as state and federal audit requirements found on the DHS website in the contract section by the
ALLOWABLE USE OF FUNDS:

Each partnering provider shall be required to perform the following financial functions and to maintain sufficient capacity to perform the functions effectively:

1. Maintain cash flow necessary to manage the delay from program outlays to SNAP ETP reimbursements;

2. Manage federal grants, track expenditures, and ensure that non-federal resources and program expenditures qualify for federal SNAP ETP reimbursements;

3. Perform cost allocation using multiple funds;

4. Track staff time devoted to NJ SNAP ETP activities under the project; and

5. Maintain records for State audits.

DHS may solicit, receive, and accept grants, funds, or anything of value from any public or private entity and receive and accept contributions of money, property, labor, or any other thing of value from any legitimate source to support the project, provided the DHS does not have reason to believe that the entity may have a vested interest in the decisions of the DHS concerning the selection of specific partnering providers. Funds provided by the selected partnering providers for the RFP should be able to provide the full match of the federal dollars.

The department may reserve up to five percent of the federal SNAP ETP reimbursements generated as a direct result of the activities of the partnering providers and received by the State pursuant to P.L. 2013, Chapter 45, the NJ SNAP ETP act, for operating expenses and staff directly related to the administration, oversight, and evaluation of this project. The remaining federal SNAP ETP reimbursements will be generated as a result of the activities of the partnering providers. When received by the State, they will be paid to the providers as appropriate.
PERFORMANCE EVALUATION:

Upon selection of a partnering provider, the Department of Human Services (DHS) shall negotiate a memorandum of understanding (MOU) with the partnering provider, the Department of Labor and Workforce Development, and county welfare agencies, as applicable. The MOU shall define the extent and degree of assistance among the department (DHS), the Department of Labor and Workforce Development, the county welfare agencies, and the partnering provider.

DHS shall establish performance standards for partnering providers conducting project activities including, but not limited to, standards for performing required programmatic and financial functions pursuant to the NJ SNAP ETP act, Pub.L. 2013, Chapter 45. The MOU shall include a performance-based system for distributing and monitoring federal SNAP ETP reimbursements to each partnering provider based upon the partnering provider’s achievement of the performance standards. Funding will be contingent upon the individual progress of the SNAP participant, and agency progress in reaching certain benchmarks.

If DHS finds that a partnering provider has not conducted its project activities in accordance with the established performance standards, or that a provider has otherwise failed to comply with the requirements of Pub.L. 2013, Chapter 45, DHS may: take such action to correct the deficiencies of the provider; and terminate the partnering provider’s participation in the project if the provider fails to take remedial action.

PERFORMANCE STANDARDS:

Performance Standards are the performance-based standards that will be used by the DHS to measure the capacity for, and progress of, partnering providers conducting educational training, job-training; certificate-based training, and providing assistance with getting and keeping a job.

In order to receive the allowable federal reimbursement of 45 percent, partnering providers must meet the following performance standards:

- Enrollment for educational and training programs will be measured by capacity and attendance. The minimum required capacity for enrollment shall be at least 80 percent per class or training.

- Participant Involvement: Participants must have a minimum attendance rate of 90 percent.

- Successful outcomes shall include completion of the class, obtaining the certificate, and/or successfully finding employment.
For partnering providers who conduct educational and/or job-related certificate training, the federal reimbursement of 45 percent will be earned by successfully meeting these benchmarks:

- 50% of the provider’s share of the 45 percent federal reimbursement will be provided when the minimum attendance rate is at least 90 percent (This is applicable to all participants); and

- 50% of the provider’s share of the 45 percent federal reimbursement will be provided when a class is successfully completed.

For partnering providers who provide job search activities, the federal reimbursement of 45 percent will be earned by successfully meeting the following benchmarks:

- 50% of the provider’s share of the 45 percent federal reimbursement will be provided when the minimum attendance rate is at least 90 percent (This is applicable to all participants); and

- 50% of the provider’s share of the 45 percent federal reimbursement will be provided when the participant successfully completes the program by finding employment, and is still employed 90 days later.

Please note that partnering providers will be obligated to provide support services for 90 days to those participants who have obtained a job to assist with job retention.

**BENCHMARKS:**

In addition to meeting the applicant qualifications and performance standards defined in the RFP, the selected agency will required to:

- Keep individual client records.
- Report progress among program participants.
- Report benchmarks around training.
- Report benchmarks around achieving goals with the program recipient.
TECHNICAL ASSISTANCE:

The DFD will conduct a Technical Assistance Conference that will provide clarifying information about the New Jersey Supplemental Nutrition Assistance Program Employment and Training Provider Project Request for Proposals and related proposal procedures.

Attendance at the conference is MANDATORY. A representative of your agency must attend and sign-in at the conference. Proposals submitted by any agency or organization not officially represented at the conference will be considered disqualified for funding consideration at time of proposal receipt. At the conference, persons attending who are representing more than one agency/organization must sign-in separately for each agency or organization.

The Technical Assistance Conference will provide potential Applicants an opportunity to ask any and all pertinent questions regarding this RFP and receive technical information regarding this RFP from Department representatives.

NOTE: No further technical assistance on the programmatic aspects of this RFP will be provided after the Technical Assistance Conference is held.

APPLICANTS ARE ASKED TO PRE-REGISTER FOR THE TECHNICAL ASSISTANCE CONFERENCE NO LATER THAN MONDAY, APRIL 21, 2014, BY CALLING THE OFFICE OF GRANTS MANAGEMENT AT 609-588-2290, OR BY FAX AT 609-588-7240. EACH APPLICANT WILL BE LIMITED TO TWO REPRESENTATIVES AT THE CONFERENCE.

If pre-registering by phone, please leave a message on our voice mail that includes your name, agency affiliation, address, telephone number and the number of attendees (maximum of 2 persons). In addition, please advise if special accommodations for someone with a physical disability will be required.

The Technical Assistance Conference is scheduled as follows:

Place: New Jersey Division of Family Development
Quakerbridge Plaza
Building 7, 2nd Floor, Room 200, A-C
Mercerville, NJ 08619

Date: Thursday, April 24, 2014

Time: 10:00 A.M. to 1:00 P.M.
Directions to the Technical Assistance Conference site are provided with this RFP package as *Attachment I*.

**TIMETABLE:**

Time frames for completion of the RFP process are as follows:

- **April 7, 2014**
  - Public Notice of Availability of Funds

- **April 21, 2014**
  - Deadline Date for Pre-Registration for the Mandatory Technical Assistance Conference

- **April 24, 2014**
  - MANDATORY Technical Assistance Conference

- **May 16, 2014**
  - Deadline for Receipt of Grant Proposals
    - (No later than 4:00 P.M.)

- **July 7, 2014**
  - Notification of Grant Award
    - (Subject to Funding Availability and FNS approval)

- **August 4, 2014**
  - Contract Begins
    - (Subject to Funding Availability and FNS approval)

**NOTE:** In the event of an official closing of State Offices (e.g., due to an official “State of Emergency”, such as bad weather conditions), the Technical Assistance Conference will be rescheduled. Announcements concerning the closure of State Offices are broadcast on radio stations throughout the State. The rescheduled date will be faxed, phoned or mailed to anyone who has pre-registered for the conference.
APPLICATION PROCESS:

Eligible agencies, organizations, and consortia interested in applying for these funds must submit **one signed original and nine (9) copies** of the completed application document and all support materials to be received by the Division, **no later than 4:00 p.m. on May 16, 2014**. Applications may be **emailed, mailed or hand delivered**. If an application is emailed, **it must also be simultaneously mailed or hand delivered**. All emailed applications must be in either Word 97 version or higher or Adobe pdf. The type set (font size) must be at least 12 point Times New Roman or Arial and the margins set to one inch on all sides. The application (not including attachments) is not to exceed fifteen (15) single-spaced, one-sided pages.

**US Mail Delivery:**

Penelope Casarico  
Division of Grants Management  
Division of Family Development  
Department of Human Services  
PO Box 716  
Trenton, New Jersey 08625-0716  
penelope.casarico@dhs.state.nj.us

or,

**Hand Delivery or Commercial Courier/Mail Service:**

Division of Grants Management  
Division of Family Development  
Quakerbridge Plaza  
Building #3*  
Quakerbridge Road  
Mercerville, New Jersey 08619-0716

*Only the Building #3 Grants Unit location will be recognized for proposal hand delivery or commercial courier/mail service.*

Directions to Quakerbridge Plaza for proposal hand deliveries are contained in **Attachment I**.
FAXED DOCUMENTS/INFORMATION WILL NOT BE ACCEPTED AT ANY TIME.

APPLICANTS ARE RESPONSIBLE FOR MAILING AND DELIVERING PROPOSALS WELL IN ADVANCE OF May 16, 2014 AT 4:00 P.M. TO ENSURE THAT THE PROPOSALS ARE RECEIVED ON TIME.

POSTMARKS AND OTHER SIMILAR DOCUMENTS DO NOT ESTABLISH RECEIPT OF A PROPOSAL.

PROPOSALS THAT DO NOT MEET THE CRITERIA STATED ABOVE AND ARE NOT RECEIVED BY THE DEADLINE DATE AND TIME ARE DEEMED LATE AND WILL NOT BE CONSIDERED FOR FUNDING.

ANY DOCUMENTS THAT ARRIVE UNDER SEPARATE COVER WILL NOT BE INCLUDED AS PART OF THE PROPOSAL PACKAGE.

NOTIFICATION OF ACCEPTANCE OR REJECTION OF AWARD:

Applicants will be notified of the award on or after July 7, 2014. The award will be contingent upon subsequent contract negotiations and approval by the FNS (Food and Nutrition Service), USDA (United States Department of Agriculture), of this project in the Employability and Training plan.

The Department reserves the right to reject any and all proposals when it is in the Department’s best interest to do so. The Department’s best interests include, but are not limited to, loss of funding, inability of the Applicant to provide adequate services, an indication of misrepresentation of information, and/or non-compliance with State and Federal laws and regulations.

The Department reserves the right to base the final contract on the total amount of funds available at the time of contract negotiations.

APPEAL PROCESS:

An appeal will not be heard based on a challenge to the subjective evaluation of a proposal.

An appeal of the selection process will be heard only if it is alleged that the Division has violated a provision of its contracting manual in the awarding of a grant. Applicants requesting an appeal based on a statutory or regulatory violation must submit a written request stating the alleged violation to the Department of Human Services, Division of Family Development, Office of the Director, PO Box 716, Trenton, New Jersey 08625-0716, no later than 10 calendar days following the date of a non-award notification.
CONTRACT NEGOTIATIONS:

Upon award notification, the Department of Human Services, DFD will negotiate a contract with the selected Applicants and proceed with the process of preparing and finalizing formal contracts with the selected Applicants, as appropriate.

Funding and issuance of this proposed contract is contingent upon the availability of 100 percent Matching Funds provided by the selected applicant and sufficient resources in the DFD budget. No legal responsibility for payment on the part of DFD shall be made, unless and until Federal funding is made available to DFD and incorporated in the DFD budget for this purpose.

The Department assumes no responsibility or liability for the costs incurred by an Applicant for the planning or preparing of a proposal in response to this RFP. The Department also reserves the right to conduct a facility inspection and/or pre-award survey with any individual, agency or organization that submits a proposal in response to this RFP.

All proposals are considered public information and as such will be made available, upon request, after the completion of this RFP process.

PROPOSAL SELECTION AND EVALUATION CRITERIA:

A review team of at least three people will review and evaluate each proposal. The review team will consist of staff members of the DFD, DHS, and may include representatives of other State/local agencies and organizations.

Proposals will be rated based on overall proposal content. Applicants are eligible to receive a maximum point score of 100 points for proposal content. The maximum point score for each Narrative section is provided in the Program Narrative Requirements section of this RFP. Proposals receiving an average numerical rating of 65 or less will not be considered for funding.

Applicants should note that at least one point may be deducted from each section of the Narrative where there is failure to comply with format or content specifications.

During the selection process, additional information may be requested. A panel of individuals designated by DFD will meet with the three (3) highest rated proposals/applicants prior to making the final recommendations. Final approval and funding of the project/contract is subject to FNS approval.
PROPOSAL SELECTION CRITERIA:

Each qualifying agency’s proposal shall include a program plan describing how the agency’s activities under the project would fulfill the purposes of NJ SNAP ETP. The program plan shall include, but not be limited to, the following information:

- The program goals and objectives, including the agency’s priorities for serving eligible participants in the State;
- The program design, including: strategies for targeting and recruiting eligible participants; educational skills and training activities; work-related activities; job preparation, placement, and retention activities; strategies for coordinating with the county welfare agencies and Department of Labor and Workforce Development; and strategies for providing support services, including case management, early intervention, career counseling, and referrals to additional programs and services;
- The program budget, including the overall resources to be used to support the agency’s NJ SNAP ETP activities, the specific non-federal SNAP ETP reimbursements, and the intended utilization of anticipated federal SNAP ETP reimbursements;
- The extent to which community partners, including subcontractors, will be involved in the agency’s activities; and
- The ability to demonstrate a proven history of job placement and retention.

PROPOSAL CONTENT OUTLINE:

Applicants must submit a proposal package which consists of one signed original and nine (9) copies of the complete proposal package. In addition, one completed original and one copy of the required Pub.L. 2005, Chapter 51 (formerly Executive Order No. 134), Certification and Disclosure Forms, are to be submitted as separate documents along with the proposal.

*Failure to submit a signed original and the required number of copies will result in the proposal not being considered for funding (disqualification).*

Note: It is suggested that a blue ink pen be used for all required signatures.

All proposals submitted for consideration must:

- Include all of the following items in the order stipulated; and
- Be securely fastened.
A. PROPOSAL/AUTHORIZATION COVER SHEET (ATTACHMENT C) (SIGNATURE REQUIRED)

B. CHECKLIST (ATTACHMENT H)

C. TABLE OF CONTENTS

D. PROGRAM NARRATIVE: All applications (not including attachments) provided including Sections I through VIII of the Program Narrative below shall not exceed fifteen (15) single-spaced, one-sided pages. The Applicant must use a type set (font size) at least 12 point Times Roman or Arial and the margins set to one inch on all sides.

   I. Applicant Overview
   II. Agency Performance
   III. Service Goals and Objectives
   IV. Program Approach
   V. Management Plan
   VI. Service Coordination/Collaboration
   VII. Performance Standards
   VIII. Budget/Matching Funds

E. BUDGET FORMS (ATTACHMENT D)

F. STATEMENT OF ASSURANCES (ATTACHMENT A) (SIGNATURE REQUIRED)

G. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION (ATTACHMENT B) (SIGNATURE REQUIRED)

H. OTHER REQUIRED DOCUMENTS

   Failure to submit the following required documents will render the proposal ineligible for funding consideration.

   • Copy of the Applicant's organizational chart
   • Copy of the most recent organization-wide audit report or financial statement (original proposal only)
   • Agency's Code of Ethics/Conflict of Interest Policy (Must include Policy of Applicant Agency. Attachment E is provided only for guidance.)
Attachment F, N.J.S.A. 52:34-13.2 Certification-Source Disclosure Certification Form (formerly known as Executive Order 129)

- List of the Board of Directors, Officers and their terms (non-profits only)
- Charitable registration status (non-profits only)
- Applicant’s Certificate of Incorporation
- Letters of support/collaboration and/or collaboration agreements from neighborhood and community resources, local businesses and social service agencies, as appropriate
- Certification of support for available funding that indicates the applicant has secured the matching funds necessary to apply

PROGRAM NARRATIVE REQUIREMENTS:

I. Applicant Overview (10-point maximum)

a. Provide a brief description of the Applicant’s history, purpose and goals and how they relate to the administration of this RFP. Specify which programs the agency currently administers.

b. Provide a description of current collaborative efforts with county welfare agencies, DHS, and the Department of Labor and Workforce Development, within the geographical area to be served.

II. Agency Performance (10-point maximum)

a. Describe the Applicant’s experience and outcomes in providing project participants with support services, including case management, early intervention, career counseling, and referrals to additional programs and services.

b. Describe the Applicant’s ability to provide effective outreach activities to collaborate with county welfare agencies to develop processes and materials that: inform eligible participants regarding project activities in each county, in accordance with each partnering provider’s service area; facilitate eligible participants’ communications with partnering providers regarding participation in project activities; and assist eligible participants with rendering decisions regarding their participation in project activities.
III. Service Goals and Objectives (10-point maximum)

a. Identify the Applicant’s goals and objectives for providing those services as set forth in this RFP, i.e., how many recipients will be served, timeframes, etc.

b. Describe how the Applicant will meet the performance evaluation standards set forth in this RFP (see Page 8).

IV. Program Approach (15-point maximum)

Provide a comprehensive description of the service delivery system to be utilized to address the needs of the targeted population. Include the following:

a. Describe the Applicant’s proposed overall delivery system, i.e., steps the Applicant will follow from contract inception.

b. Specify the plan of action for each of the services to be provided.

V. Management Plan (10-point maximum)

a. Indicate the number, qualifications and cultural diversity of the staff that will administer and deliver the services. Attach resumes or job descriptions as available.

b. Describe the supervisory methods that will be utilized in the delivery of the services to be provided.

VI. Service Coordination/Collaboration (10-point maximum)

a. Describe in detail how the Applicant will collaborate with the DHS and county welfare agencies to ensure that appropriate linkages are in place to meet the identified needs of the targeted population. Identify, by name, the community/neighborhood resources and the services to be provided by the collaborating county welfare agency.

b. Describe the methodology to be used for coordinating, monitoring and evaluating the services that will be provided by the established community/neighborhood linkages.

c. Attach letters of support or collaborative agreements with community resources.

VII. Performance Standards (20-point maximum)

a. Describe in detail how the Applicant will work with individual SNAP recipients in achieving certain benchmarks, i.e., educational
achievement, job training and/or secure employment, needed to ensure successful completion of the program.

b. Describe the methods the Applicant will use to keep records, report progress among program recipients, report benchmarks around training, and report benchmarks in keeping goals with the program recipient.

VIII. **Budget/Matching Funds** (15-point maximum)

a. Provide a narrative that explains how the costs in the budget form (Attachment D) were derived and how they relate to the proposed project.

b. Provide a completed accurate budget, i.e., does it add down and across, and does the information from the budget detail pages carry forward to the summary page.
# 2014 New Jersey Supplemental Nutrition Assistance Program Employment and Training Provider (NJ SNAP ETP) Project

## REQUEST FOR PROPOSALS

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<td>ATTACHMENTS D1-D4</td>
<td>Budget</td>
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<td>ATTACHMENT E</td>
<td>Executive Order 189-Conflict of Interest</td>
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<td>ATTACHMENT F</td>
<td>Executive Order Certification-Source Disclosure Certification Form</td>
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<tr>
<td>ATTACHMENT H</td>
<td>RFP Checklist</td>
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<tr>
<td>ATTACHMENT I</td>
<td>Directions to Division of Family Development, Office of Grants Management at Quakerbridge Plaza (Proposal Delivery Site for Hand Delivery or Commercial Courier/Mail Service)</td>
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<tr>
<td>ATTACHMENT J</td>
<td>Directions to Mandatory Technical Assistance Conference Site</td>
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<td>ATTACHMENT K</td>
<td>Technical Assistance Conference Pre Registration Form</td>
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</table>
ATTACHMENT A

STATEMENT OF ASSURANCES

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document and as such may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder’s list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.

- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.

- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statements of work, or the evaluation of the RFP applications/bids.


- Will comply with all applicable Federal and State laws and regulations.

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et. seq. and all regulations pertaining thereto.

- Will comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), PL 104-191 and the regulations adopted thereunder by the Secretary of United States Department of Health and Human Service (45 CFR, Parts 160, 162 and 164).

- Is in compliance, for all contracts in excess of $100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
• Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

• Has signed the certification in compliance with Federal Executive Orders 12549 and 12689 and State Executive Order 66 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. Will have on file signed certifications for all subcontracted funds.

• Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.

• Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

__________________________________________________________________________
Applicant Organization                                                    Signature: Chief Executive Officer or Equivalent

__________________________________________________________________________
Date                                                                         Typed Name and Title
ATTACHMENT B

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

________________________________________
Name and Title of Authorized Representative

________________________________________
Signature                                           Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification erroneous when submitted or had become erroneous by reason of changed circumstances.

4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion—Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM
EMPLOYMENT AND TRAINING PROVIDER PROJECT

PROPOSAL/AUTHORIZATION COVER SHEET

PROPOSAL SUMMARY INFORMATION

Incorporated Name of Applicant: ____________________________________________

Type: Profit __________ Non-Profit __________ CWA __________

Federal ID Number: ______________________ Charities Reg. Number: __________

Address of Applicant: ____________________________________________________

Address of Service(s): ___________________________________________________
(Attach list if necessary.)

County: ______________________

Service Regions (Counties): ______________________________________________

Name of Proposal Preparer: ______________________________________________

Contact person: ______________________ Phone No.: ______________________

Total dollar amount requested: $ ______________

Agency Fiscal Year End: ______________________

Total number of cases to be served: ______________________

Brief description of services to be provided:
________________________________________________________________________
________________________________________________________________________

________________________________________________________________________

__________________________________________ Date___________________________

AUTHORIZATION:

Chief Executive Officer (Print): ______________________

Title: ______________________

Signature ______________________ Date___________________________
NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

BUDGET INFORMATION SUMMARY

RFP Project Name: **2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING PROVIDER PROJECT**

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<thead>
<tr>
<th>Agency Federal ID#</th>
<th>Charities Registration #</th>
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<th>Agency Name</th>
<th>Charities Registration #</th>
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<tr>
<th>Address</th>
<th>Agency: Non Profit</th>
<th>Profit</th>
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<th>Hosp. Based</th>
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<th>Telephone #</th>
<th>Budget Period</th>
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<th>Chief Exec. Officer</th>
<th>Agency Fiscal Year End</th>
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**CONTRACT INFORMATION SUMMARY**

(LIST ALL DEPARTMENT OF HUMAN SERVICES CONTRACTS)

<table>
<thead>
<tr>
<th>Contracting Division</th>
<th>Contract Number</th>
<th>Program Name</th>
<th>Type of Service</th>
<th>Current Reimbursable Ceiling</th>
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ATTACHMENT D-2

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
BUDGET INFORMATION SUMMARY

Date ____________ Page ____ of ____
RFP Project Name 2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING PROVIDER
PROJECT
Agency Federal ID # ________________________________
Agency Name ________________________________
Funding Request – Program Name (s) ________________________________
Service (s) ________________________________

RFP – BUDGET EXPENSE SUMMARY

<table>
<thead>
<tr>
<th>BUDGET CATEGORIES</th>
<th>TOTAL COSTS</th>
<th>Contract Date</th>
<th>2nd Yr of contract, if applicable</th>
<th>UNALLOWABLE COSTS</th>
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</thead>
<tbody>
<tr>
<td>A. Personnel (including fringe benefits)</td>
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<tr>
<td>B. Consultants &amp; Professional Fees</td>
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<tr>
<td>C. Materials &amp; Supplies</td>
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<td>D. Facility Costs</td>
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<td>E. Specific Assistance to Clients</td>
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<tr>
<td>F. Other</td>
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<tr>
<td>G. Gen. &amp; Adm. (G&amp;A) Cost Allocation</td>
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<tr>
<td>H. Total Operating Costs</td>
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<tr>
<td>I. Equipment</td>
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<td>J. Total Cost</td>
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<td>K. Revenue (deduct)</td>
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<td>L. Funding Request</td>
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Total Units of Service
Unit Description

The budget request shall indicate the Agency’s total proposed budget for delivery of the service(s) reduced by the other sources (not DHS) of Funding (line K). Indicate the sources of funding and the dollar amounts for each:

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<tbody>
<tr>
<td>Total Other Sources of Funding</td>
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RFP – PERSONNEL DETAIL

<table>
<thead>
<tr>
<th>Position Title/ Name of Employee</th>
<th>Total Cost</th>
<th>Hrs/ Week</th>
<th>% of Time</th>
<th>Contract Date MM/DD/YYYY</th>
<th>2nd Yr of contract, if applicable MM/DD/YYYY</th>
<th>Unallowable Costs</th>
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RFP Project Name: **2014 SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM EMPLOYMENT AND TRAINING PROVIDER PROJECT**
Agency Federal ID# ____________________________________________________________
Agency Name _________________________________________________________________

### RFP – Budget Category Detail

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Basis of Allocation</th>
<th>Total Cost</th>
<th>Contract Date MM/DD/YYYY</th>
<th>2nd Yr of contract, if applicable MM/DD/YYYY</th>
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Budget Information Summary

The budget information summary gives the Department of Human Services (DHS) information regarding the planned expenditure of funds for the programs and services being proposed in response to a request for proposal (RFP). **It is necessary that all information be completed on the budget forms. Failure to do so may negatively impact the evaluation of the proposal.** Additional copies of the budget forms may be copied and attached as needed to ensure complete and accurate information. If you have questions regarding the completion of the budget forms, contact the person listed in the RFP for technical assistance. Review of the Department's Contract Reimbursement Manual, July 1986 edition, will also be helpful if questions arise.

**Directions - Budget Information Summary**

1. All identifying information must be provided in its entirety - information not completed may negatively impact the review of the proposal.

2. Indicate the date of the proposal and the page number as part of the total budget information, i.e., Page 1 of 10.

3. Because the contract information summary requires a list of all Contracts now in effect with DHS, please list all current DHS Contracts by contracting division, the contract number, the name of the programs funded, services rendered and the current reimbursable ceiling (total funding amount) for each program.

**Definitions**

Program - that separation of units with a single identifiable individual name within the provider agency that may provide the same or different types of services for the client population. Example - ABC, Inc. has a day care center and two group homes, each having a name - ABC Day Care Center, the ABC Group Home, and CBA Group Home. Each would be listed as a program within the agency ABC, Inc.

Service - the need, which can be measured for monitoring purposes, for which the client is being included in the proposal.
Directions - Budget Expense Summary

1. Complete the identifying information at the top of the page. It is important that all information be completed in full.

2. The budget expense summary summarizes the expected expenditures by budget category, by program(s) as specified in the proposal. Please list all anticipated expenditures required to meet the needs of the proposal for services by the categories indicated on the form. Indicate the total for each category and then break out the total by program, listing the names of the programs in the column headings provided next to the column for total cost. Parenthesis means that the amount will be deducted where indicated.

3. List the anticipated level of service (Total Units of Service) for each program and the description of the unit to be used for measurement of service.

4. Indicate all other than the Department of Human Services funding sources for the programs in the proposal, the total amount and the total broken down by program.

Definitions

General and Administrative Costs (indirect costs) - represent costs incurred for common or joint objectives which are not readily assignable as a direct cost.

Unallowable Costs - those costs which are not reimbursable in a Contract with DHS as specified in the DHS July 1986 edition of the Contract Reimbursement Manual, Section 4.7.

Units of Service - the breakdown of the services used as a standard of measurement, e.g., hours, trips, meals.
Directions - Personnel Detail

(Make additional copies of the detail chart, as needed, to ensure inclusion of all personnel data.)

1. Complete the identifying information at the top of the page.

2. Personnel detail requests a listing of all personnel involved in providing the services being proposed, including the percentage of time spent on each program. Please list each person and his or her position title, the total salary allotted to this proposal, the hours per week assigned to each program and any unallowable or general and administrative costs involved for each person.

3. Also indicate any vacant titles that will be filled to meet the obligations of this proposal.
Directions - Budget Category Detail

1. Ensure that all identifying information is completed, including the date and page number.

2. The budget category detail is intended to show which method was used to allocate the expenses to the various categories of the proposal. List the categories as indicated on the Budget Expense Summary A through G and I.

3. Indicate the basis for allocation and the total funding for each category. Then break out the total by program and indicate any unallowable and/or general and administrative costs.

Definitions

Cost Allocation - the distribution base used to allocate items or groupings of indirect costs in proportion to the relative benefit derived for the program within the proposal. (Example - a building used by several programs of which only one is funded by DHS. The square footage may be used to prorate the expenses of the building and assigned according to contracted program usage.) If there is no indirect cost in the category, the cost basis is a direct cost which is identified specifically with a particular category.

Direct Cost - any cost which can be identified with a particular cost objective (category).

Indirect Cost - a cost, because of its incurrence for common or joint objectives, which is not readily assignable as a direct cost.
Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility which assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof which offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.
ATTACHMENT F

EXECUTIVE ORDER 129 CERTIFICATION

SOURCE DISCLOSURE CERTIFICATION FORM

Bidder: ____________________________ Solicitation Number ____________________________

I hereby certify and say:
I have personal knowledge of the facts set forth herein and am authorized to make this Certification on behalf of the Bidder.

The Bidder submits this Certification as part of a bid proposal in response to the referenced solicitation issued by the Division of Purchase and Property, Department of the Treasury, State of New Jersey (the “Division”), in accordance with the requirements of Executive Order 129, issued by Governor James E. McGreevey on September 9, 2004 (hereinafter “E.O. No. 129”).

The following is a list of every location where services will be performed by the bidder and all subcontractors.

<table>
<thead>
<tr>
<th>Bidder or Subcontractor</th>
<th>Performance Location(s) by County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Any changes to the information set forth in this Certification during the term of any contract awarded under the referenced solicitation or extension thereof will be immediately reported by the Vendor to the Director, Division of Purchase and Property (the “Director”).

I understand that, after award of a contract to the Bidder, it is determined that the Bidder has shifted services declared above to be provided within the United States to sources outside the United States, prior to a written determination by the Director that extraordinary circumstances require the shift of services or that the failure to shift the services would result in economic hardship to the State of New Jersey, the Bidder shall be deemed in breach of contract, which contract will be subject to termination for cause pursuant to Section 3.5b.1 of the Standard Terms and Conditions.

I further understand that this Certification is submitted on behalf of the Bidder in order to induce the Division to accept a bid proposal, with knowledge that the Division is relying upon the truth of the statements contained herein.

I certify that, to the best of my knowledge and belief, the foregoing statements by me are true. I am aware that if any of the statements are willfully false, I am subject to punishment.

Bidder: ________________________________________________

[Name of Organization or Entity]

By: ___________________________________________ Title: _________________________________

Print Name: ___________________________ Date: ___________________________
ATTACHMENT G

Pub.L. 2005, Chapter 51, (Formerly Executive Order 134), Executive Order 117

Requirements for Eligible Applicants

Certification and Disclosure Instructions and Form

- Pub.L. 2005, Chapter 51 (Formerly Executive Order 134) “Pay to Play” Certification and Disclosure Form, and Executive Order 117 Certification of Compliance forms, DPP c51 - C&D, Rev. 11-17-2008 can be downloaded at:

  http://www.state.nj.us/treasury/purchase/forms.shtm

In order to be considered eligible for funding consideration, all Applicants must submit one completed original and one copy of the “Certification and Disclosure” form along with their proposals.

The form is not to be included as part of the Applicant’s proposal package, but as a separate and distinct document that must be submitted together with the Applicant’s proposal.
ATTACHMENT H

REQUEST FOR PROPOSALS
CHECKLIST

THE FOLLOWING ITEMS MUST BE INCLUDED IN THE PROPOSAL PACKAGE, AS INDICATED. Failure to submit any documents, as required, may render your proposal ineligible for funding consideration.

Please complete this checklist by entering a check mark (✓) next to each document included in the proposal or (N/A) if the document is not required for the agency.

One signed original and nine copies of the proposal which includes the following:

— Completed Check-Off List (See ATTACHMENT H)
— Table of Contents
— Proposal/Authorization Cover Sheet (See ATTACHMENT C) SIGNATURE REQUIRED
— Program Narrative (Not to exceed 15 single-spaced, one-sided pages)
— Budget Forms (See ATTACHMENT D)
— Statement of Assurances (See ATTACHMENT A) SIGNATURE REQUIRED
— Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion (See ATTACHMENT B) SIGNATURE REQUIRED
— Copy of the Applicant's organizational chart
— Copy of the most recent organization-wide audit report or current financial statement (original proposal only)
— Agency's Code of Ethics/Conflict of Interest Policy (Must submit document reflecting Applicant Agency's policy.) (ATTACHMENT E provided only as a guide)
— List of the Board of Directors, Officers and their terms (non-profits only)
— Charitable registration status (non-profits only)
— Applicant’s Certificate of Incorporation
New Jersey Department of Human Services  
Division of Family Development  
3 Quakerbridge Plaza  
Quakerbridge Road  
Mercerville, New Jersey 08619  
(609) 588-2290

DIRECTIONS

FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);  
2. Take I-195 West to exit for I-295 North (Exit is on the right);  
3. Stay on I-295 North to Exit 65A (Sloan Ave. **East**)  
4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)  
5. Turn left onto Quakerbridge Road and proceed to the first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and the first right and building numbered 3 is the second one-story building on your left.  

*Please note that the building is protected by a security system and you may need to use the telephone outside the door to your right to call and gain entrance to the building.*

FROM SOUTH

**Take Route 206 North to I-295 North**  
Get on I-295 North and follow directions 3 – 5 above.

**OR**

**Take the New Jersey Turnpike North to Exit to I-195**  
Exit Turnpike and follow directions 2 – 5 above.
ATTACHMENT J

DIRECTIONS
TO THE TECHNICAL ASSISTANCE
CONFERENCE SITE

DIVISION OF FAMILY DEVELOPMENT
Building 7, 2nd floor, Conference Rooms A-C
Quakerbridge Plaza
Mercerville, NJ 08619
(609) 588-2290

FROM NORTH

1. Take the New Jersey Turnpike South to Exit 7A (to I-195);

2. Take I-195 West to Exit for I-295 North (Exit is on the right);

3. Stay on I-295 North to Exit 65A (Sloan Ave. East)

4. Exit I-295 onto Sloan Ave. East and proceed to second traffic light (Quakerbridge Road)

5. Turn left onto Quakerbridge Road and proceed to first traffic light and turn left into Quakerbridge Plaza complex. Make the first left and proceed to the stop sign. Turn right and the first three-story building on your right is Building 6. **You must sign in with the police officer on duty in Building 6 and obtain a pass prior to proceeding to the meeting room which is located in Building 7, 2nd floor Conference Rooms A-C.**

FROM SOUTH

Take Route 206 North to I-295 North;
Get on I-295 North and follow directions 3 – 5 above.

OR

Take the New Jersey Turnpike North to Exit to I-195
Exit Turnpike and follow directions 2 – 5 above
[ ] Number of people attending (maximum of 2 persons)

Name:__________________________________________________________

Agency:________________________________________________________

Address:________________________________________________________

________________________________________________________________

Telephone No.____________________________________________________

Fax No.___________________________________________________________

Please provide the following information if any person attending the Conference will require special accommodations due to a disability.

Special Accommodation? ________Yes ________No

Accommodation Required:__________________________________________