County of Mercer

McDade Administration Building, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068

REQUEST FOR PROPOSAL

County of Mercer

For The

Department of Human Services Aging & Disability Resource Connection For 2014-2016 Physical and Developmental Disability Services

Located At

640 South Broad St. PO Box 8068 Trenton, NJ 08650-0068

> To Be Received On Thursday, March 27, 2014



Prepared By: Thomas E. Shaw

Updated: 3/3/2014

NOTICE OF RFP

The County of Mercer is soliciting proposals through the competitive contracting process in accordance with N.J.S.A. 40A:11-4.1, et seq.

Notice is hereby given that on Thursday, March 27, 2014 at 12:00 NOON, (Prevailing time), sealed proposals must be received by the Mercer County Department of Human Services Contract Unit, Room 224 in the Mercer County McDade Administration Building at which time and place proposal applications will be opened and read in public for:

2014-2016 Physical and Developmental Disability Services

The Mercer County Department of Human Services, Aging & Disability Resource Connection, Office for the Disabled announces the availability of up to \$237,874.00 (\$118,937.00 - 7/1/14-6/30/15 & \$118,937.00 - 7/1/15-6/30/16) in funding for July 1, 2014 through June 30, 2016 for County Direct funds for Mercer County residents with disabilities. Applicants may apply for these funds to provide services in two priority areas: services to people with developmental disabilities and services to people with physical disabilities

Specifications and instructions to bidders may be obtained at the Mercer County Aging & Disability Resource Connection, Office for the Disabled or on the County website at www.mercercounty.org. Proposals shall be delivered in sealed envelopes and addressed to Mercer County Department of Human Services Contract Unit, Room 224, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068. All proposals should be clearly marked on the outside

AGING & DISABILITY RESOURCE CONNECTION - OFFICE FOR THE DISABLED

With the exception of the United States Postal Service, express mail shall be delivered to Mercer County Department of Human Services Contract Unit, Room 224, 640 S. Broad Street, PO Box 8068, Trenton, New Jersey 08650-0068.

Addenda will be issued on the website; therefore, all interested respondents shall check the website from now through the proposal opening. It is the sole responsibility of the respondent to be knowledgeable of all addenda related to this procurement.

Respondents shall comply with the requirements of P.L. 1975 C127 (N.J.A.C. 17:27 et seq.).

COUNTY OF MERCER, NEW JERSEY

INTRODUCTION

The Mercer County Department of Human Services, Aging & Disability Resource Connection, Office for the Disabled is accepting proposals for the period of July 1, 2014 through June 30, 2016 to provide services and programs for people with physical and/or developmental disabilities for Mercer County residents in the amount of **up to \$237,874.00 (\$118,937.00 - 7/1/14-6/30/15 & \$118,937.00 - 7/1/15-6/30/16) in funding for July 1, 2014 through June 30, 2016 for County Direct funds for Mercer County residents with disabilities.** The funding is contingent upon inclusion and adoption of the 2014-2016 Mercer County budgets.

ADMINISTRATIVE CONDITIONS AND REQUIREMENTS

The following items express the administrative conditions and requirements of the RFP. They will apply to the RFP process, the subsequent contract, and the project's production. Any proposed change, modification, or exception to these conditions and requirements may be the basis for the County of Mercer to determine the proposal as non-responsive to the RFP and will be a factor in the determination of an award of contract. The contents of the proposal of the successful respondent, as accepted by the County of Mercer, will become part of any contract awarded as a result of this RFP.

SCHEDULE

A schedule has been established for respondent proposals, proposal review, contractor selection, project initiation, and completion. The following dates have been established:

<u>ACTIVITY</u> <u>DATE</u>

Public notice in the *Times of Trenton*Proposal-specific question in writing to (Division)
Response to received questions posted to County website
Proposal due
Proposal committee review
Notification of award
Project to begin
Project to end

EXPRESS OR US DELIVERY

Proposals may be hand delivered or mailed; however, the County of Mercer disclaims any responsibility for proposals received late by regular or express mail. If the proposal is sent by express mail service, the designation must appear on the outside of the express mail envelope. Proposals received after the designated time and date will be returned unopened – No exceptions.

PROPOSAL SUBMISSION INFORMATION

Submission Date and Time (Specific Date)

Submit One (1) signed Original in blue ink and six (6) copies, with an additional proposal submitted on a CD or USB Drive. Clearly mark the submittal package with the title of this RFP and the name of the responding firm, addressed to the County of Mercer, Department of Human Services Contract Unit, Room 224, McDade Administration Building, 640 South Broad Street, PO Box 8068, Trenton, NJ 08650-0068. The original proposal shall be marked to distinguish it from the copies. Responses delivered before the submission date and time specified may be

withdrawn upon written application of the respondent who shall be required to produce evidence showing that the individual is or represents the principal(s) involved in the proposal. After the submission date and time specified above, responses must remain firm for a period of sixty (60) days.

LATE SUBMISSIONS WILL NOT BE ACCEPTED.

Proposals may be rejected if not submitted within time, date and place designated, and if not accompanied by any of the required documents.

COUNTY REPRESENTATIVE FOR THIS SOLICITATION

The County of Mercer has designated the following personnel as its representative regarding the RFP. Please direct all questions in writing to:

Thomas E. Shaw
Office for the Disabled
County of Mercer County
PO Box 8068
640 South Broad St.
Trenton, NJ 08650-0068
Tshaw@mercercounty.org

In making requests for more information in writing either by email or postal service, any Agency must supply an email address where communication can occur.

INTERPRETATIONS AND ADDENDA

Respondents are expected to examine the RFP with care and observe all its requirements. All questions about the meaning or intent of this RFP and all interpretations and clarifications considered necessary by the owner's representative in response to such comments and questions will be posted on the County website at www.mercercounty.org. Only comments and questions responded to by formal written addenda will be binding. Oral interpretations, statements, or clarifications are without legal effect. All questions must be submitted according to the schedule as established in this RFP.

AGENCY ELIGIBILITY

For-profit, non-profit, and County and local government agencies are eligible to apply for any and all of the above-stated categories of funding. Non-profit organizations must possess a 501(c)(3) designation from the Internal Revenue Service and be registered as a charity under the New Jersey Charitable Registration. For-profit agencies will be considered for funding if their proposals demonstrate superior service provision over non-profit applicants.

Any agency with a 501(c)(3) designation must provide proof of this status, as well as include a copy of the agency's Certificate of Incorporation.

CONTRACTUAL PROVISIONS

Mercer County requires an applicant to submit six (6) original contracts signed with blue ink in addition to its standard proposal and all other required documents. Furthermore, an applicant must type in the name of their organization and address on page one of the contract. The date

of the contract on page one of the contract template will be completed by the County of Mercer upon execution of the Board of Chosen Freeholders. The applicant should not enter an amount in the General Conditions of Payment section or any other area of the contract with Mercer County. Failure to submit all required signed documents with the applicant's proposal for funding will result in rejection of the applicant's proposal.

Please note that the enclosed contract is conditional pending an award determination and Freeholder Board approval. The County will send the vendor an executed copy of the contract upon Freeholder approval.

ESTIMATE OF QUANTITIES

The County of Mercer reserves the right to increase or decrease the quantities as may be deemed reasonably necessary or desirable to complete the work detailed by the contract. Such increase or decrease shall in no way violate this contract, nor gives cause for liability damages.

Funding for this contract may increase beyond the original contractual amount when additional non-contract funding becomes available (also applies to increased allocation for a cost of living adjustment); however, the contractor must provide increased levels of service at the unit cost referred in the proposal. The County of Mercer reserves the right to decrease or increase the level of service based upon allocation and no minimum or maximum is implied or guaranteed.

STATUTORY AND OTHER REQUIREMENTS

Compliance with Laws

Any contract entered into between the contractor and the owner must be in accordance with and subject to compliance by both parties with the New Jersey Local Public Contracts Law. The contractor must agree to comply with the non-discrimination provisions and all other laws and regulations applicable to the performance of services there under. The respondent shall sign and acknowledge such forms and certificates as may be required by this section.

Mandatory Affirmative Action Compliance

No firm may be issued a contract unless it complies with the Affirmative Action requirements of P. L. 1975, C. 127 as identified in the documents attached hereto.

Americans with Disabilities Act of 1990

Discrimination on the basis of disability in contracting for the delivery of services is prohibited. Respondents are required to read American with Disabilities language that is part of the documents attached hereto and agree that the provisions of Title II of the Act are made part of the contract. The contractor is obligated to comply with the Act and hold the owner harmless.

W 9 Forms

Any agency applying to the County of Mercer for funding and is a first-time vendor must include a copy of their most recent W 9 form. This form is required of any new vendor to expedite and ensure payment to the agency in a timely manner. Upon receipt, the form will be forwarded to the Mercer County Purchasing Department and will help expedite future payments.

Stockholder Disclosure Failure to provide the requested information is cause for rejection.

STATEMENT OF CORPORATION OWNERSHIP 52:25-24.2. BIDDERS TO SUPPLY STATEMENT OF OWNERSHIP OF 10% INTEREST IN CORPORATION OR PARTNERSHIP

No corporation or partnership shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, the cost of which is to be paid with or out of any public funds, by the State, or any county, municipality or school district, or any subsidiary or agency of the State, or of any county, municipality or school district, or by any authority, board, or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid, of said corporation or said partnership, there is submitted a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.

Non-Collusion Affidavit

The Non-Collusion Affidavit, which is part of this RFP, shall be properly executed and submitted with the RFP response.

Business Registration P.L. 2009, c.315 (For-Profit businesses/corporations only)

Reforms Business Registration Certificate (BRC) filing; permits filing prior to award of contracts if not filed with bid. Effective with bids received and contracts awarded after January 18, 2010, this law removes the requirement of the Local Public Contracts Law (N.J.S.A. 40A:11-23.2) that required a bid to be rejected if the bidder failed to include a BRC with the bid, even though it may have been the otherwise lowest responsible bid. The law now allows the BRC to be filed anytime prior to award of the contract and the bidder had to have obtained the BRC prior to receipt of bids. This permits the BRC to be required with a bid, or submitted subsequently. If a BRC is required in a bid, but not submitted with the bid, it would an immaterial defect; curable by being filed prior to award of the contract. A BRC is obtained from the New Jersey Division of Revenue. Information on obtaining a BRC is available on the internet at www.nj.gov/treasury/revenue or by phone at (609) 292-1730.

Pay to Play

Starting in January, 2007, business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

INSURANCE AND INDEMNIFICATION

If it becomes necessary for the contractor, either as principal or by agent or employee, to enter upon the premises or property of the owner in order to construct, erect, inspect, make delivery, or remove property hereunder, the contractor hereby covenants and agrees to take use, provide and make all proper, necessary and sufficient precautions, safeguards, and protection against the occurrence of happenings of any accident, injuries, damages, or hurt to person or property during the course of the work herein covered and his/her sole responsibility.

The contractor further covenants and agrees to indemnify and save harmless the owner from the payment of all sums of money or any other consideration(s) by reason of any or all such accidents, injuries, damages, or hurt that may happen or occur upon or about such work and all fines, penalties, and loss incurred for or by reason of the violation of any owner regulation or ordinance or the laws of the State or the United States while said work is in progress.

The contractor shall maintain sufficient insurance to protect against all claims under Workers Compensation as statutorily required, General Liability in the amount of \$1,000,000.00 single occurrence and \$2,000,000.00 general aggregate, and Automobile Insurance in the amount of \$1,000,000.00 combined single limit. Vendors are responsible to provide updated certificates as policies renew. Depending upon the scope of work and goods or services provided, specific types of insurance may not be required. The Mercer County Division of Insurance and Property Management will make this determination.

In all cases where a Certificate of Insurance is required, the County of Mercer is to be named as an additional insured and named as the certificate holder as follows: "County of Mercer, 640 South Broad Street, P.O. Box 8068 Trenton, N.J. 08650-0068". The Certificate shall contain a 30-day notice of cancellation. Additionally, if the program for which your agency is applying provides transportation to consumers and/or clients, the County of Mercer must be named as an additional insured with the agency's automobile insurance.

Please note: A change to the ACCORD insurance certificate precludes placing the number of days for cancellation notification in the lower right hand box. You may fulfill the requirement for a 30-day notice of cancellation for the insurance required to be submitted for a County of Mercer contract in any one of the following ways:

- 1. Indicate a 30-day notice of cancellation in the Description of Operations box at the bottom of the certificate.
- 2. Indicate a 30-day notice of cancellation on a separate page.
- 3. Provide a copy of the cancellation clause from the policy (you do not need to provide a copy of the entire policy, only the page(s) referencing the cancellation clause).

AUTOMOBILE INSURANCE is required in the following situations:

-clients/consumers are being transported under your contract with the County -you are on County property to execute your contract, including delivery of items

For most contracts the automobile insurance requirement is \$1 million combined single limit. Also, the County of Mercer shall be named as additional insured and as certificate holder. The certificate holder address shall be as follows: County of Mercer, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068.

WORKERS' COMPENSATION

Vendors are required to provide proof of Workers' Compensation coverage.

The County of Mercer requires a 30-day notice of cancellation (excluding cancellation for non-payment) as part of its insurance requirements. This requirement applies to workers' compensation policies unless you are self-insured.

The certificate holder address shall be as follows: County of Mercer, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068.

If further clarification is needed, please contact the Insurance and Property Management office at 609-989-6655.

MULTIPLE PROPOSALS

More than one proposal per funding category from an individual, a firm or partnership, a corporation or association under the same or different names shall not be considered. If an agency applies for multiple funding categories, a separate, complete proposal and packet of forms is necessary for each category for which are applied.

NOTICE OF AWARD

The successful respondent will be notified of the award of contract upon a favorable decision by the County of Mercer.

PROPOSALS TO REMAIN SUBJECT TO ACCEPTANCE

RFP responses shall remain open for a period of sixty (60) calendar days from the stated submittal date. The County of Mercer will either award the contract within the applicable time period or reject all proposals.

The County may extend the decision to award or reject all proposals beyond the sixty (60) calendar days when the proposals of any respondents who consent thereto may, at the request of the County, be held for consideration for such longer period as may be agreed.

BID PROHIBITED

It is understood by the respondent that, if awarded a contract through the request for proposal process, the prime contractor and any subcontractors utilized for these services are prohibited from bidding the resultant goods or services required to implement the project.

FAILURE TO ENTER CONTRACT

Should the respondent, to whom the contract is awarded, fail to enter into a contract within ten (10) days, Sundays and holidays excepted, the owner may then, at its option, accept the proposal of another respondent.

TERMINATION OF CONTRACT

If, through any cause, the contractor shall fail to fulfill in a timely and proper manner obligations under the contract or if the contractor violates any requirements of the contract, the owner shall thereupon have the right to terminate the contract by giving written notice to the contractor of such termination at least sixty (60) days prior to the proposed effective date of the termination. Such termination shall relieve the owner of any obligation for the balances to the contractor of any sum or sums set forth in the contract.

The contract may be terminated by either party upon sixty (60) days written notice to that effect, forwarded to the other party desiring to terminate the contract and thereupon payments under this contract shall be paid to the terminal date based on the expenditure reports submitted. In the event of cancellation of this contract, the contractor agrees to furnish the County such reports as may be requested based upon work completed under the provisions of this contract.

The contractor agrees to indemnify and hold the County of Mercer harmless from any liability to subcontractors concerning payment for services performed arising out of the lawful termination of the contract by the County under this provision. In case of default by the contractor, the County may procure the services from other sources and hold the contractor responsible for any excess cost occasioned thereby.

CHALLENGE OF SPECIFICATIONS

Any respondent who wishes to challenge a specification shall file such challenge in writing with the County contact no less than three (3) business days prior to the opening of the proposals. Challenges filed after that time shall be considered void and having no impact on the owner or the award of contract.

TRANSITIONAL PERIOD

In the event services are terminated by contract expiration or by voluntary termination by either the contractor or the County of Mercer, the contractor shall continue all terms and conditions of said contract for a period not to exceed thirty (30) days at the County's request.

PAYMENT

Invoices shall specify, in detail, the period for which payment is claimed, the services performed during the prescribed period, the amount claimed, and correlation between the services claimed.

The owner may withhold all or partial payments on account of subsequently discovered evidence including but not limited to the following:

Deliverables not complying with the project specification;

Claims filed or responsible evidence indicating probability of filing claims;

A reasonable doubt that the Contract can be completed for the balance then unpaid.

When the above grounds are removed, payment shall be made for amounts withheld because of them.

LOCATIONS AND QUANTITIES

The County of Mercer reserves the right to add locations and increase or decrease the quantities at the proposed costs as defined in the awarded contractor's proposal as may be deemed reasonably necessary or desirable to complete the work detailed by the contract. Such increase or decrease shall in no way violate this contract, nor give cause for liability for damages.

COST LIABILITY AND ADDITIONAL COSTS

The County of Mercer assumes no responsibility and liability for costs incurred by the respondents prior to the issuance of an agreement. The liability shall be limited to the terms and conditions of the contract.

Respondents will assume responsibility for all costs not stated in the proposals. All hourly rates either stated in the proposal or used as a basis for pricing are required to be all-inclusive. Additional charges, unless incurred for additional work performed by request of the County of Mercer, for indirect costs, fees, postage, licensing, commissions, taxes, travel, subsistence, report preparation, meetings, administrative tasks, administrative and clerical support, overhead, etc. are not to be billed and will not be paid.

COST PRINCIPLES/UNALLOWED COSTS

The following are examples of unallowed costs:

- Bad Debts—Any losses arising from uncollectible accounts and other claims and related costs are unallowable.
- Contingencies—Contributions to a contingency reserve or any similar provision made for unforeseen events are unallowable.
- Fines and Penalties—Costs resulting from violations of or failure to comply with Federal, State and local laws and regulations are unallowable.
- Fund Raising—Costs of organized fund raising, including financial campaigns, solicitation of gifts and bequests, and similar expenses incurred to raise capital or obtain contributions are unallowable.
- Interest and Other Financial Costs—Interest on borrowings, bond discounts, cost of financing/refinancing operations, and legal and professional fees paid in connection therewith are unallowable except when authorized by Federal legislation.
- Under Recovery of Costs—Any excess of cost over the maximum proposed award/contracted amount are unallowable.

OWNERSHIP OF MATERIAL

The County of Mercer shall retain all of its rights and interest in and to any and all documents and property both hard copy and digital furnished by the County of Mercer to the contractor, for the purpose of assisting the contractor in the performance of this contract. All such items shall be returned immediately to the County of Mercer at the expiration or termination of the work or completion of any related services, pursuant thereto, whichever comes first. None of such documents and/or property shall be disclosed, without the written consent of the County of Mercer, to others or used by the contractor or permitted by the contractor to be used by their parties at any time in the performance of the resulting contract.

Ownership of all data, materials, and documentation originated and prepared for the County of Mercer pursuant to this contract shall belong exclusively to the County of Mercer. All data, reports, computerized information, programs, and materials related to this project shall be delivered to and become the property of the County of Mercer upon completion of the project. The contractor shall not have the right to use, sell, or disclose the total of the interim or final work products, or make available to third parties, without the prior written consent of the County of Mercer.

COMMENCEMENT OF WORK/TIME OF COMPLETION

The contractor agrees to commence work on the project within thirty (30) calendar days from the date of award by the County of Mercer, unless otherwise specified.

It is hereby understood and mutually agreed, by and between the respondent and the County of Mercer, that the date on which the service shall be substantially complete as specified in the RFP is an ESSENTIAL CONDITION of this contract. It further is understood and agreed mutually that the service and contract time embraced in this contract shall commence on the date specified and that the contract shall be completed in sequence and time frame identified.

The respondent agrees that said service shall be completed regularly, diligently, and uninterruptedly at such rate of progress as will ensure full completion therefore within the time specified. It expressly is understood and agreed, by and between the respondent and the County, that the time of completion of the service described herein is a reasonable time for completion of same.

GENERAL CONSIDERATIONS

Competitive Contracting is a formal procurement process governed by the New Jersey State Local Public Contracts Law and Rules. The process utilizes an RFP containing thoroughly developed specifications and scope of services, criteria for evaluating proposals, and statutorily required language and forms. Responses are ranked by a team, on the RFP criteria, using a detailed methodology leading to a recommendation to the governing body to award a contract based on price and other factors.

PROVIDING INFORMATION

Information will be made available at the County Division/Office during regular business hours. The County of Mercer shall provide access, within reason, and at no cost to the Contractor, to all information on file with the County and needed by the Contractor to complete the Project.

SUBCONTRACTORS (IF APPLICABLE)

Respondents may engage the services of Subcontractors for completion of this project. If the proposal involves any subcontractors, full details on the nature of the work to be performed by them and the location in which the work is to be performed must be provided. The respondent understands that if selected, the use of subcontractors must be approved in writing by the County prior to initiating any subcontracted work.

The most appropriate method to identify the work and quality control programs applied by subcontractors must be clearly specified in the Method of Accomplishment and Project Level of Effort sections of the proposal when the subcontractor will be performing the work. The subcontractor's qualifications must be detailed in the Qualification Statement section of the proposal. A project manager must be identified for all subcontractors. Project managers are to be available for scheduled project review meetings at the County Administration Building.

METHOD OF ACCOMPLISHMENT

The RFP responses shall contain a narrative description of the proposed approach to the project. Restating of the RFP will be considered an unacceptable response. This section shall include a listing of the resources identified for use in the project.

PROJECT LEVEL OF EFFORT

The proposal shall include a project level of effort estimate based on, and corresponding to, the Scope of Services provided in this RFP and the respondent's Method of Accomplishment section. The estimate shall contain a task-oriented schedule, which identifies milestones and their proposed initiation and completion dates.

IMMIGRATION AND NATURALIZATION LAWS AND CRIMINAL BACKGROUND CHECK (AS APPLICABLE)

The vendor must comply with all immigration and naturalization laws as are currently in force on each potential employee to work under this contract on County of Mercer property and will not employ individuals who are not properly registered with the United States Citizenship and Immigration Service. Successful proposer will provide a photocopy of the Alien Registration Form or I-94 Arrival/Departure Form to the County of Mercer [insert appropriate department, agency, commission, etc.] at least ten (10) days prior to any of its employees being permitted to work under this contract on County of Mercer property.

The vendor must contact the New Jersey State Police to perform a criminal background check on each potential employee to work under this contract on County of Mercer property. A copy of

the results of the criminal background check must be provided to the County of Mercer Office for the Disabled at least ten (10) days prior to an employee being permitted access to County of Mercer property. The County of Mercer will notify the vendor if a proposed vendor employee will not be permitted to work under this contract within ten (10) work days following receipt of the results. If the County of Mercer does not notify the vendor of such exclusion within ten (10) days the vendor may assign said employee to work under the contract.

The vendor must also inform the County of Mercer of all immigration and naturalization status changes and arrests of its employees working under this contract on County of Mercer property for the duration of the contract. In this regard, the vendor shall make quarterly inquiry of all employees working under this contract as to any immigration and naturalization changes and employee arrests.

[For insertion into multi-year contracts] The vendor must provide a photocopy of the Alien Registration Form or I-94 Arrival/Departure Form and the results of a criminal background check on its employees working under the contract on County of Mercer property every twelve (12) months.

Please access the following website for Instructions for obtaining a criminal history record: http://www.state.nj.us/njsp/about/serv chrc.html

LOCATION OF SERVICING OFFICE

The proposal must list the location and address of the present, active office, which will service and manage this project.

EVALUATION, REVIEW AND SELECTION PROCESS

All proposals received by the deadline will be reviewed first for substantial compliance with this RFP and for fulfillment of the mandatory requirements. Proposals that are late, non-compliant, or fail to meet the minimum mandatory requirements will not be evaluated.

Proposals that are timely, compliant, and meet the minimum mandatory requirements will be reviewed by an evaluation committee. Only members of the evaluation committee will grade the proposals. A minimum average score of 70% is needed to receive funding; however, the County reserves the right to make the final funding decision.

The County of Mercer reserves the option of awarding multiple contracts based on the evaluation criteria and such contracts shall be awarded at the unit cost per service reflected in the contractor's proposal.

EVALUATION PROCESS

An evaluation team will review all proposals to determine if they satisfy the proposal requirements, determine if a proposal should be rejected and evaluate the proposals based upon the evaluation criteria. The highest-ranking respondent will then be recommended by the evaluation team to The Mercer County Board of Chosen Freeholders for award of contract.

UNDERSTANDING OF THE REQUESTED WORK

This will be based on the quality of the content of the RFP and the respondent's ability to communicate a thorough understanding of the required tasks and the approach to meet the scope of work outlined in the RFP. The proposals will be evaluated for general compliance with

the instructions and requests issued in the RFP. Non-compliance with the significant instructions will be grounds for disqualification of proposals.

TECHNICAL CRITERIA

The submitted proposal demonstrates a clear and concise methodology, which emphasizes an understanding of the scope of work and related objectives. The proposal documents the use of innovative technology and techniques and is responsive overall to the RFP requirements. Budget narrative and budget forms are to be typed and complete.

KNOWLEDGE AND PROFESSIONAL COMPETENCE

This includes the ability of the Respondent to perform all of the tasks and fulfill adequately the stated requirements. The prospective contractor will be evaluated on suitability for the tasks required. Proposals should contain complete discussions regarding technical processes and qualifications. Receipt of high quality service is of great importance to the County. Disregard of this directive may disqualify the respondent from further consideration.

MANAGEMENT CRITERIA

The submitted proposal conveys a philosophy/mission statement in the agency overview. It also demonstrates a comprehensive description of the assessment process, enrollment process, and the length of time from referral to acceptance. Applicants must clearly define a "Unit of Service" along with the minimum and maximum number of unduplicated consumers. The submitted proposal documents a history of developing an effective plan to meet the needs of the client population from the time of admission to discharge. The applicant must demonstrate measurable and realistic time frames for evaluating the status of the client plan of service. In addition, the applicant must establish criteria for successful completion of or negative discharge from the program. Applicants must demonstrate sound management practices and procedures through their proposals, to be considered for funding. Goals, objectives, number of clients, levels of service, and outcomes for program areas are defined and measurable.

ABILITY TO COMPLETE THE PROJECT IN A TIMELY MANNER

This is based on the estimated duration of the tasks and overall schedule and the respondent's ability to accomplish these tasks as stated. The County of Mercer is interested in the ability of the contractor to complete the project in a competent and expeditious manner based on the workload of the firm, availability of qualified staff, equipment and facilities.

Respondents have the option of engaging the services of subcontractors for completion of this project. If the proposal involves any subcontractors, provide full details on the nature of work to be performed by them and the location in which the work is to be performed.

MANAGEMENT, EXPERIENCE, AND PERSONNEL QUALIFICATIONS

An employee of the respondent shall be identified as the project manager. Technical expertise of the firm shall be demonstrated by past successes providing government agencies and private companies with similar services. The project manager and other key personnel will be evaluated on knowledge, experience, prior collaboration and successful completion of services similar to that requested in this RFP.

In addition to relevant project experience, Respondents are asked to provide personnel qualifications in the Proposal. The subcontractors' qualifications must also be detailed in the Qualification Statement of the proposal.

COST CRITERIA

Costs are reasonable and represent an effective and efficient use of public funds. Effective coordination/integration of proposed Mercer County funding with existing resources is expected. Identify the unit cost as it relates to amount of funding provided and expected level of service.

SCOPE OF SERVICES

PRIORITY AREA AND SERVICES

The goal of the Mercer County Office for the Disabled is to empower people with disabilities. This goal is achieved by providing financial, as well as technical assistance to community-based organizations thus us enabling them to address the unmet needs of the community and improving the quality of life for the most vulnerable citizens of Mercer County. The Office for the Disabled also serves as a central source of information about services and programs available to Mercer County residents with disabilities in order to facilitate their full participation in community life. The grantee should provide and design programs and activities suitable for these participants with either physical or developmental disabilities as specified within the two priority areas.

POPULATION:

The population to be served by these service areas are Mercer County residents who have a physical or developmental disability and according to the age classifications, as described within each specific program.

DESCRIPTION OF SERVICE

PRIORITY AREAS AND SERVICES

Priority Area I. Developmental Disabilities

(The figures for each of the following programs are based on two years of service.)

Programs that facilitate the provision of employment and occupational training services, developmental day care, family support services through respite, clinical services for pre-school children and extensive case management are the current spectrum of services.

Service Areas

Occupational Training - Total funds available: \$133,318.00 (\$66,659.00 2014-2015; \$66,659.00 2015-2016). Occupational training and employment services should be provided so that a Mercer County individual with developmental disabilities can become a contributing member of society. Through this program, people with developmental disabilities should be able to become an important force in Mercer County by learning the necessary skills and business awareness to provide a skilled labor force to local businesses that are in need of long/short-term assistance. Some of the components of this program should include consumer evaluation, job coaching and placement, physical/psychological counseling with extended employment, food service skills training, custodial skills training, and self-advocacy as additional skills. The client group should include Mercer County young adults ages 18 through adulthood with developmental disabilities.

Developmental Day Care - Total funds available: \$76,490.00. (\$38,245.00 2014-2015; \$38,245.00 2015-2016) Developmental Day Care should provide an inclusive and integrated day care setting for preschool children with developmental disabilities. Activities should be designed to directly offset or alleviate the effects of developmental disabilities. These services should help integrate children without disabilities into the setting with children with 16 developmental disabilities to help foster natural childhood development. The client group would include Mercer County preschool children with developmental disabilities, ages birth to three years old.

Priority Area II. Physical Disabilities

(The figures for the following program are based on two years of service.)

Programs that facilitate the provision of community-based recreation and transitional services in integrated settings for County residents with disabilities whose needs are not met through traditional programs are part of the offerings sponsored by this Office. The spectrum of services for this program area include: recreation opportunities, arts education, employment training, job readiness skills development and transitioning services.

Service Areas

Durable, Medical Equipment - Total funds available: \$28,066.00 (\$14,033.00-2014-2015; \$14,033.00-2015-2016)

Applicants may apply for these funds to provide a durable medical equipment distribution/recycling of equipment program for Mercer County residents with disabilities and seniors who are uninsured or are income eligible. The equipment should be offered to residents at minimal or no cost and should include durable medical equipment, medical supplies, etc. needed for rehabilitation or ongoing medical conditions and/or provide assistance to people in completing their Activities of Daily Living(ADLs), thus furthering the goal of the person living independently in the community. The program should also include an educational component in which the consumer is taught how to properly use the equipment and means of staying healthy in the community.

Community organizations and agencies interested in submitting grant proposals should emphasize its ability to address the goals of the Mercer County Office for the Disabled; coordinate services with (other providers) and how the specific needs of the targeted population will be met. Organizations interested should also be able to host/make presentations on the program at community functions, such as health fairs, etc. and involve volunteers from the community.

MERCER COUNTY DEPARTMENT OF HUMAN SERVICES Request for Proposal PROPOSAL COVER SHEET

PHYSICAL AND DEVELOPMENTAL DISABILITY SERVICES

Agency name				
Mailing address				
Executive				
Director/CEO Program name				
i rogram name				
Program contact				
Program address				
For-Profit or				
Non-Profit				
E-mail address of contact person				
Telephone				
number of				
contact				
Service				
Amount				
requested				
Authorization				
I understand that the	e following pa	ages and attac	hments constitute part of t	his application.
hereby release the Freeholders, its e concerning submiss	e Mercer (mployees a sion of mate Mercer Co	County Admi and agents for irials to the punty Departm	re true to the best of my kenistration and the Boatrom any liability and/oreorgram. I further certify nent of Human Services lication.	rd of Chosen r responsibility that any funds
Executive Director	/CEO	Date	Fiscal Agent	

PROPOSAL REQUIREMENTS

ATTACHMENT A:

Proposals should be submitted in the following format with no more than ten (10), single-spaced narrative pages answering questions related to how programming will be achieved. The "Funding Proposal Cover Sheet" is attached to this proposal (it is not counted as part of 10-page maximum requirement) and should be used as the first page of your submission document. Please submit one (1) original and six (6) copies for review, with an additional proposal submitted on CD or USB Drive. Please sequentially number all pages.

Please see the Proposal Check list at the end of this packet for clarity, as this list details how many original and/or copies of each document that we need.

Please complete the Project/Program Description, Project/Program Administration, Evaluation of Goals and Objectives, and the Fiscal sections (identified by Roman numerals I-IV) by answering each of the elements identified in the outlined format. In presenting the required Cover Sheet information, use the attached form. This form is to be used as your proposal cover sheet, and should be the first page of your proposal. You may use additional sheets as needed for the fiscal section.

Be sure to use the appropriate headings in the same sequence as outlined below, failure to do so, will make the review of your proposal difficult and will result in points lost. In addition, if a heading and/or question is not applicable to your agency, please note that in your proposal. If a section/question does not have an answer or notation that it is not applicable to your agency, reviewers will assume that you failed to answer the question and points will be lost in the review process.

I. PROJECT/PROGRAM DESCRIPTION:

AGENCY OVERVIEW

- Briefly describe the philosophy/mission of the applicant agency.
- Include information on the history of delivering the specific services that are the subject of this Request For Proposal (RFP).
- Describe how the applicant/organization involves consumers in the operations, service planning, or evaluation of services.
- All applicants are expected to collaborate with other service providers to ensure client success. Describe how you will collaborate with other social service agencies to accomplish the goals you will set forth in this project.
- The proposal must list the location and address of the present, active office, which will service and manage this project.
- Please provide agency and program brochures.

SPECIFIC PROJECT/PROGRAM

- Describe the service component/project that is being purchased with the funding.
- If requested amount of funding will augment other sources of funding for this specific project/program, clearly indicate in percentage terms the amount supported by requested funding in relation to entire cost of project/program.
- For new projects, please include a timeline of implementation, including advertising, hiring, start up, and program admissions.

- If this program has been previously or is currently being funded by any division or Office
 in the Mercer County Department of Human Services or by any other department or
 division of the County of Mercer, please identify outcomes and program success from
 the most currently funded year.
- Specify location of program and hours of service provision.
- List program service days/holiday schedule.

RATIONALE/MISSION OF PROJECT/PROGRAM

- Describe the need that is being addressed.
- Describe the methods/modalities used to implement the program design.
- Describe how the proposed program meets a need(s) identified within the community.
- Document the need by using demographic data and other local data sources.

TARGET POPULATION/ELIGIBILITY

- Describe the population that will be served.
- Describe the rationale for selecting the population(s) to be served.
- Describe the geographic service area for this project/program.
- List eligibility criteria for this project/program.

CULTURAL COMPETENCE CAPABILITY

- Describe how the proposed project meets the ethnic/cultural backgrounds and linguistic needs of clients to be served.
- Describe how you address cultural capacity/diversity issues within your agency and program.

II. PROJECT/PROGRAM ADMINISTRATION:

ORGANIZATIONAL CHART

- Detail the supervision lines of this project/program in relationship to overall agency operation.
- Include an organizational chart with lines of supervision within the proposed program and between the program and sponsoring agency.

KEY STAFF

- Identify staff and their respective functions in implementing this program.
- Include brief job descriptions for staff paid by the grant.

STAFF DEVELOPMENT

- Describe policy for staff growth and development.
- Describe the organization's plan for ongoing training and professional development of staff that work in the proposed program.

ADMISSION CRITERIA

- Describe referral/enrollment process.
- Identify reports/forms/documents needed for referral/admission.

WAITING LIST

Describe maintenance of a waiting list.

INTAKE

- Describe method for prioritization of intake requests.
- Describe the intake process and the type of evaluation method(s) used.

TIME TO ACCEPTANCE/ADMISSION

• What is the length of time from referral to acceptance/admission?

ACCESSIBILITY:

ACCESSIBILITY ISSUES

- Explain accessibility for the program for the target population.
- Explain accessibility for the physical plant for the target population.
- Describe limitations, if any, for people with disabilities.
- Identify barriers to access, including language, site specifics related to the physical plant, or other existing programmatic barriers.

TRANSPORTATION

- Describe availability of public transportation.
- Does agency provide transportation to clients?

LEVELS OF SERVICE/UNITS:

UNIT OF SERVICE

- What is the agency's definition of Unit of Service (e.g., time, face-to-face contact, bed day, etc.)?
- How many people will be served?

EXPECTED LOS

 What is the expected Level of Service (LOS for each unit that will be provided annually under this grant with your proposed funding request?

COST-PER-UNIT BREAKDOWN

• Please provide a cost-per-unit breakdown for total services that will be provided under this grant based on funding requested from this grant.

CLIENT SERVICE PLANNING:

CLIENT SERVICE PLAN DEVELOPMENT

- Describe how a client service plan will be developed to meet needs of consumers and their affected families from time of admission to discharge.
- Discuss the client and family involvement with case planning.
- Specify staff responsible for the plan.

SERVICE PLAN REVIEW

• What are the time frames for evaluating the status of the plan?

SERVICE PLAN DOCUMENTATION

• Attach a sample of the client planning form, as an attachment, not as part of the narrative.

DISCHARGE PLANNING:

DISCHARGE PROCEDURE

- Describe the procedure for discharge.
- Please include plans for family involvement, if applicable.
- Identify the staff responsible for discharge planning.

ADMINISTRATIVE DISCHARGE

- Specify the criteria for administrative discharge from the program.
- Describe the actions that are taken and how clients are assured that their needs are met, even if your agency is not providing the service.

AFTERCARE/TRACKING/FOLLOW-UP:

AFTERCARE PLANNING

• Describe the project's role in aftercare planning.

AFTERCARE EVALUATION

 Describe the system for tracking/collection of follow-up data and time frames for that follow-up.

III. EVALUATION OF GOALS AND OBJECTIVES:

PROGRAMMATIC GOAL(S)—Goals touch on a broad spectrum by describing the program's intentions, and they are more general, abstract, and broad in nature than objectives are.

Provide a broad statement of what the program is designed to accomplish.

OBJECTIVES—Objectives specify the kind and amount of change you expect to achieve for a specific population within a given time frame for each intervention.

• Describe in detail the specific, measurable, achievable, time-specific strategies to meet the aforementioned goal(s).

IMPLEMENTATION ACTIVITIES

- Articulate the action steps that will allow the program to reach its goals/objectives.
- Include copies of any questionnaires, diagnostic/other screening tools, surveys, etc., utilized as part of your implementation.

MEASURABLE OUTCOMES—Measurable outcomes should be specific, measurable, achievable, relevant, and time-specific. These should indicate the changes/benefits that will occur in clients' lives as a result of the program.

Describe the expected measurable impact on the consumer or system served, regarding
the specific objectives outlined above. The proposed outcomes must be quantifiable and
measurable as to the specific benefits to the consumers served in the program. Note:
Levels of services and attendance rates will not suffice.

DATA COLLECTION

Describe the method(s) of collecting data to be used for evaluation purposes.

DETERMINING PROGRAM EFFECTIVENESS

Describe the methodology for determining the project/program effectiveness.

• Include copies of any questionnaires, diagnostic/other screening tools, surveys, etc., utilized as part of your performance outcome activities.

IV. FISCAL:

ACCOUNTING PRACTICES

• Please describe your agency's accounting practices.

MAINTAINENCE OF FINANCIAL RECORDS

• Please describe how your agency maintains fiscal records.

SOURCES OF ADDITIONAL FUNDING

- Please list additional funding sources that will support this program, including fees, contributions, donation policy (if any), and expected revenues for the program from other sources, and name the specific funding source.
- If the agency receives government funds, specify from which government entity, department, division, and/or program the funds are received.
- Please do the same as the bullet point above for all private, foundation, and/or grant funding.
- Also, describe why third-party billing is or not used and what expected revenues are (if used).

SLIDING SCALE FEES

• If applicable, describe the agency's sliding scale feel system and attach the scale used to make these determinations. This is considered an attachment, not part of the narrative document.

SUSTAINABILITY

Describe your plan for the program sustainability after County funding expires.

AUDIT

- Please include **one copy** of the agency's most-recent financial audit.
- For those agencies that need to file an IRS Form 990, please submit **one copy** of the most up-to-date form.

ATTACHMENT B BUDGET FORMS

Please refer to the attached forms for Attachment B Budget Forms:

- Budget Information Summary Expense Form
- Contract Expense Detail Personnel
- Budget Summary/Contract Expense Detail other Than Personnel
- Revenue
- Cost of Equipment
- Related Organizations/Subcontractees

Please submit all budget forms, even if they are not applicable to your agency. If they are not applicable, please mark an "N/A" on them and submit them. Failure to do so will result in points lost during the proposal review period.

Attachment B

ATTACHMENT B BUDGET INFORMATION SUMMARY EXPENSE FORM PAGE __ OF __

Agency Name:	Agency Federal I.D. #
Address:	Charities Registration #
	Non-ProfitFor-ProfitPublic
Phone:	Budget Periodto
Chief Executive Officer:	Agency Fiscal Year End
Prepared by:	Date:

riease note that this form must be typeu.		1			
BUDGET CATEGORY	TOTAL	COUNTY	STATE	PRIVATE	OTHER
A. PERSONNEL					
B. CONSULTANT/PROFESSIONAL FEES					
C. MATERIAL/SUPPLIES					
D. FACILITY COSTS					
E. SPECIFIC ASSISTANCE TO CLIENTS					
F. OTHER					
G. TOTAL OPERATING COSTS					
H. EQUIPMENT					
I. TOTAL COSTS					
J. LESS REVENUE					
K. NET COSTS					

ATTACHMENT B CONTRACT EXPENSE DETAIL PERSONNEL PAGE OF

AGENCY NAME:		_	
CONTRACT NUMBER: _			
Period Covered	_ to		

Please note that this form must be typ	Jeu.	1		1		
BUDGET CATEGORY: PERSONNEL POSITION & TITLE/NAME OF EMPLOYEE	HRS/ WEEK	TOTAL COST	COUNTY	STATE	PRIVATE	OTHER

ATTACHMENT B BUDGET SUMMARY CONTRACT EXPENSE DETAIL OTHER THAN PERSONNEL

PAGE __ OF __ (Use Additional Pages As Needed)

AGENCY NAME:		(000000	_	g ,
CONTRACT NUMBER:			_	
Period Covered	to			

BUDGET CATEGORY/ LINE ITEM	ITEMIZATION OF COST	TOTAL COST	COUNTY	STATE	PRIVATE	OTHER

ATTACHMENT B REVENUE PAGE __ OF __

AGENCY NAME: CONTRACT NUMBER:	
Period Covered	

DESCRIPTION	TOTAL			

ATTACHMENT B COST OF EQUIPMENT PAGE _ OF __

AGENCY NAME:		
CONTRACT NUMBER:		_
Period Covered	to	

TYPE AND DESCRIPTION OF ITEM	ITEMIZATION OF COST	TOTAL COST	COUNTY	STATE	PRIVATE	OTHER

ATTACHMENT B RELATED ORGANIZATION / SUBCONTRACTEES PAGE _ OF __

AGENCY NAME:		_
CONTRACT NUMBER:		_
Period Covered	to	

Please note that this form must be typed.				
NAME OF RELATED ORGANIZATION (S)	TYPES OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATIONS	EXPLAIN RELATIONSHIP	COST	NAME OF PROGRAM AND COLUMN CHARGED

ATTACHMENT B BUDGET NARRATIVE*

*The Budget Narrative is to be completed in Microsoft Word.

Please justify the need and cost calculation for each line item shown on your budget forms in a narrative format. Do not leave this section blank; completion of this section is mandatory.

Please note that, upon review of your agency's proposal, the County of Mercer can offer your agency a contract with an amount that differs from what your proposal requested. If this occurs, your agency will be asked to submit an amended budget narrative illustrating this new amount before the contract can route to the Board of Chosen Freeholders.

REQUIRED ATTACHMENTS AND DOCUMENTS

NON-COLLUSION AFFIDAVIT

STATE OF NE	W JERSEY	
COUNTY OF I	MERCER SS:	
I,		of the City of,
in the County of	of	_, and the State of,
of full age, beir	ng duly sworn according to	o law on my oath depose and say that:
I am		
proposal with the any agreement competitive bit contained in a knowledge that	aking the Proposal for the full authority so to do; that the participated in any colludding in connection with said proposal and in this the County of Mercer research.	e above named project, and that I executed the said t said vendor has not, directly or indirectly entered into usion, or otherwise taken any action in restraint of free, in the above named project; and that all statements is affidavit are true and correct, and made with full belies upon the truth of the statements contained in said and in this affidavit in awarding the contract for the said
secure such of brokerage or of	contract upon an agreem	ng agency has been employed or retained to solicit or nent or understanding for a commission, percentage, na fide employees or bona fide established commercial
		(Name of Vendor)
		Signed:
		(also type name of affiant under signature)
Subscribed an	d sworn to before me	
Thisda	ay of, 20	<u>-</u>
(Signature of N	lotary Public)	
Notary Public of	of	
My Commissio	n expires,	20

EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE N.J.S.A. 10:5-31 and N.J.A.C. 17:27 GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the County and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the County files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the County, prior to execution of the contract, one of the following documents:

contract, one of the following documents.
Goods and General Service Vendors 1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the County and the Division. This approval letter is valid for one year from the date of issuance.
Do you have a federally-approved or sanctioned EEO/AA program? Yes \square No \square If yes, please submit a photostatic copy of such approval.
2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the County as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.
Do you have a State Certificate of Employee Information Report Approval? Yes \square No \square If yes, please submit a photostatic copy of such approval.
3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form and copy of the check to the County. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.
The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance .
The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.
The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.
The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.
COMPANY: SIGNATURE:
PRINT NAME:TITLE:

DATE:

(REVISED 4/10) **EXHIBIT A**

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. I7:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302, electronically provided by the Division and distributed to the public agency through the Division's website at: www.state.nj.us/treasury/contract compliance

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

COMPANY:	SIGNATURE:
PRINT NAME:	_TITLE:
DATE:	

SEXUAL HARASSMENT GUIDELINES

PART 1604 -- GUIDELINES ON DISCRIMINATION BECAUSE OF SEX

1604.11 Sexual Harassment

- (a) Harassment on the basis of sex is a violation of Sec. 703 of Title VII (of the Civil Rights Act of 1964). Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when (1) submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, (2) submission to or rejection of such conduct by an individual, or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.
- (b) In determining whether alleged conduct constitutes sexual harassment, The Commission (EEOC) will look at the record as a whole and at the totality of the circumstances, such as the nature of the sexual advances and the context in which the alleged incidents occurred. The determination of the legality of a particular action will be made from the facts, on a case by case basis.
- (c) Applying general Title VII principles, an employer, employment agency, joint apprenticeship committee or labor organization (hereinafter collectively referred to as "employer") is responsible for its acts and those of its agents and supervisory employees with respect to sexual harassment regardless of whether the specific acts complained of were authorized or even forbidden by the employer and whether the employer knew or should have known of their occurrence. The Commission will examine the circumstances of the particular employment relationship and the job functions performed by the individual in determining whether an individual acts in either a supervisory or agency capacity.
- (d) With respect to conduct between fellow employees, employer is responsible for acts of sexual harassment in the workplace where the employer (or its agents or supervisory employees) knows or should have known of the conduct, unless it can be show that it took immediate and appropriate corrective action.
- (e) An employer may also be responsible for the acts of non-employees, with respect to sexual harassment of employees in the workplace, where the employer (or its agents or supervisory employees) knows or should have known of the conduct and fails to take immediate and appropriate corrective action. In reviewing these cases the Commission will consider the extent of the employer's control and any other legal responsibility, which the employer may have with respect to the conduct of such non-employees.

COMPANY:	SIGNATURE:	
PRINT NAME:	TITLE:	
DATE:		

AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The CONTRACTOR and the County of Mercer do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12101 et seg.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant hereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the County pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the CONTRACTOR, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the County in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect, and save harmless the County, its agents, servants, and employees from and against any and all suits, claims, losses demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the County grievance procedure, the CONTRACTOR agrees to abide by any decision of the County which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the County or if the County incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its own expense.

The County shall, as soon, practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceedings is brought against the County or any of its agents, servants, and employees, the County shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the County or its representatives.

It is expressly agreed and understood that any approval by the County of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the County pursuant to this paragraph.

It is further agreed and understood that the County assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the County from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

COMPANY:	SIGNATURE:
PRINT NAME:	TITLE:
DATE:	

W9 FORM

Any agency applying to the County of Mercer for funding and is a first-time vendor, must include a copy of their most recent W 9 form. This form is required of any new vendor to expedite and ensure payment to the agency in a timely manner. Upon receipt, the form will be forwarded to the Mercer County Purchasing Department and will help expedite future payments.

Please provide a contact, addresses for Purchase Orders and Check remittance information, copy of your W9 and forward to the County of Mercer, Department of Human Services Contract Unit, Rm 229, 640 South Broad St., P.O. Box 8068, Trenton, NJ 08650-0068

CONTRACT CONTACT	
COMPANY/AGENCY	
PURCHASE ORDER MAILED TO:	
CHECK REMITTANCE TO:	
TELEPHONE	
FAX	
EMAIL	

INSURANCE AND INDEMNIFICATION REQUIREMENTS

If it becomes necessary for the consultant, either as principal or by agent or employee, to enter upon the premises or property of the County, the consultant hereby covenants and agrees to take use, provide and make all proper, necessary and sufficient precautions, safeguards, and protection against the occurrence of happenings of any accidents, injuries, damages, or hurt to person or property during the course of the work herein covered and be his/her sole responsibility.

The consultant further covenants and agrees to indemnify and save harmless the County from the payment of all sums of money or any other consideration(s) by reason of any, or all, such accidents, injuries, damages, or hurt that may happen or occur upon or about such work and all fines, penalties and loss incurred for or by reason of the violation of any County regulation, ordinance or the laws of the State, or the United States while said work is in progress.

The consultant shall maintain sufficient insurance to protect against all claims under Workers Compensation as statutorily required, General Liability in the amount of \$1,000,000.00 single occurrence and \$2,000,000.00 general aggregate and Automobile Insurance in the amount of \$1,000,000.00 combined single limit. Vendors are responsible to provide updated certificates as policies renew. Depending upon the scope of work and goods or services provided, specific types of insurance may not be required. The Mercer County Division of Insurance and Property Management will make this determination.

In all cases where a Certificate of Insurance is required, the County of Mercer is to be named as an additional insured and named as the certificate holder as follows: "County of Mercer, 640 South Broad Street, P.O. Box 8068 Trenton, NJ 08650-0068". The Certificate shall contain a 30-day notice of cancellation. Additionally, if the program for which your agency is applying provides transportation to consumers and/or clients, the County of Mercer must be named as an additional insured with the agency's automobile insurance.

INDEMNIFICATION AND HOLD HARMLESS CLAUSE

Contractor shall indemnify, defend and save harmless the County from and against any and all loss cost (including attorneys' fees), damages, expenses and liability (including statutory liability and liability under Workers' Compensation Laws) in connection with claims for damages as a result of injury or death of any person or property damage to any property sustained by Contractor or all other persons which arise from or in any manner grow out of any act or negligence on or about the said premises by the Contractor, their partners, agents, employees, customers, invitees, contractors, subcontractors, sub-subcontractors, vendors and the County. This indemnification clause includes any and all claims and costs of same against the County except for the sole negligence of the County pursuant to N.J.S.A. 2A:40A-1. Further, this indemnification clause includes any and all claims and costs of same against the County involving environmental impairment.

(Cont'd on next page)

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Consultant, as a material part of the consideration to be rendered to the County, hereby waives all claims against the County for damages to the goods, wares and merchandise in, upon or about said premises, and consultant will hold the County exempt and harmless from any damage and injury to any such person or to the goods, wares or merchandise of any such person, arising from the use of the premises by the consultant or from failure of the consultant to keep the premises in good condition and repair as herein provided.

Dated and Signed	

INSURANCE CERTIFICATE

PLEASE TAKE NOTE OF THE FOLLOWING CHANGE

As you may be aware, there has been a recent change to the ACCORD insurance certificate which precludes placing the number of days for cancellation notification in the lower right hand box. This applies to all policies (general liability, automobile, workers' compensation unless you are self-insured, etc.) You may fulfill the requirement for a 30-day notice of cancellation for a County of Mercer contract in any one of the following ways:

- 1. indicate a 30-day notice of cancellation in the Description of Operations box at the bottom of the certificate
- 2. indicate a 30-day notice of cancellation on a separate page
- 3. provide a copy of the cancellation clause from the policy (you do not need to provide a copy of the entire policy, only the page(s) referencing the cancellation clause)

AUTOMOBILE INSURANCE is required in the following situations:

- -clients/consumers are being transported under your contract with the County
- -you are on County property to execute your contract, including delivery of items

For most contracts the automobile insurance requirement is \$1 million combined single limit. Also, the County of Mercer shall be named as additional insured and as certificate holder. The certificate holder address shall be as follows: County of Mercer, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068.

If you need further clarification on this or other insurance certificate issues, please contact the Insurance and Property Management office at 609-989-6655.

WORKERS' COMPENSATION

Vendors are required to provide proof of Workers' Compensation coverage.

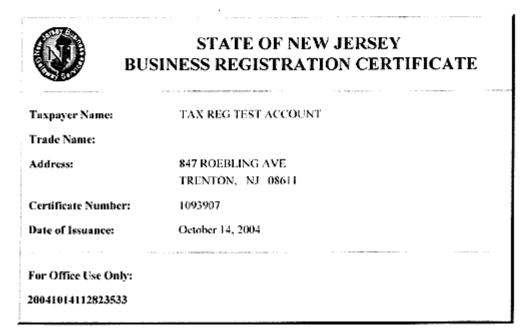
The County of Mercer requires a 30-day notice of cancellation (excluding cancellation for non-payment) as part of its insurance requirements. This requirement applies to workers' compensation policies unless you are self-insured.

The certificate holder address shall be as follows: County of Mercer, 640 South Broad Street, P.O. Box 8068, Trenton, NJ 08650-0068.

If further clarification is needed, please contact the Insurance and Property Management office at 609-989-6655.

NEW JERSEY BUSINESS REGISTRATION CERTIFICATES ACCEPTABLE BY THE COUNTY OF MERCER





Disclosure Requirement for "Pay to Play"

P.L. 2005, Chapter 271, Section 3 Reporting (N.J.S.A. 19:44A – 20.27)

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us. If you have any questions please contact ELEC at: 1-888-313-ELEC (Toll free in NJ) or 609-292-8700. An analyst from ELEC's Special Programs Section will assist you.

If this requirement applies to your agency, please submit a signed copy of the appropriate forms.

STOCKHOLDER DISCLOSURE CERTIFICATION

FAILURE TO COMPLETE, SIGN AND SUBMIT THIS FORM IS CAUSE FOR REJECTION. I certify that the list below contains the NAMES AND HOME ADDRESSES of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned. Check the box that represents the type of business organization: **□**Corporation **□**Partnership ■Sole Proprietorship □Limited Partnership □Limited Liability Corporation □Limited Liability Partnership □Subchapter S Corporation □Non-Profit Corporation □Other____ COMPLETE IF THE BIDDER IS ONE OF THE FOUR TYPES OF CORPORATIONS: DATE OF INCORPORATION: STATE OF INCORPORATION: BUSINESS ADDRESS: Stockholders: Name: _____ Name: Address: _____ Address: LEGAL NAME OF BIDDER:_____ Signature____ Date Printed Name & Title

PROPOSAL

The undersigned bidder declares that he/she has read the Instructions, Affidavits and Scope of Work and that he/she has determined the conditions affecting the bid agrees, if this proposal is accepted, to furnish and deliver the following:

TYPE OF SERVICE AND BASIS FOR AWARD

(REQUEST UNIT COST DEFINING TYPE OF SERVICE AND TOTAL)

(SIGNATURE BY AUTHORIZED REPRESENTATIVE)			
The undersigned is a Corporation, Partnership or Individual under the laws of the State of			
	having its principal office at		
COMPANY			
ADDRESS			
ADDRESS			
FED. ID#			
NAME			
TELEPHONE			
FAX			
E-MAIL			
DATE			

CONTRACT AWARD

AUTHORIZED SIGNATURE
Check here if not willing to hold the pricing consideration beyond sixty (60) calendar days or until the contract is awarded.
Check here if willing to hold the pricing consideration beyond sixty (60) calendar days or until the contract is awarded.
for a period of sixty (60) calendar days. In the event that the award is not made within sixty (60) calendar days, applicants may hold their pricing consideration beyond sixty (60) calendar days or until the contract is awarded.

COUNTY OF MERCER

This contract made on this day of 2014 between the C	OUNTY OF MERCER,
a body politic of the State of New Jersey, having its principal office locate	ed at 640 South Broad
Street in the City of Trenton and State of New Jersey, herein-after referred	d to as the "COUNTY",
and	_, having its principal
office located at	_, hereinafter referred
to as the "CONTRACTOR".	
WHEREAS, the County desires that the Contractor perform services	of a nature hereinafter
set forth; and,	
WHEREAS, the County has determined, after investigation, consult	ation and interview, the
Contractor is fully qualified to perform and provide such services to and for the	he County; and,
WHEREAS, the Contractor has acknowledged its desire to provide s	such services to and for
the County in a proper manner and under the terms and conditions as he	ereinafter set forth; now
therefore, IN CONSIDERATION, of the mutual promises herein containe	d, and intending to be
legally bound thereby, the parties have agreed as follows;	
ARTICLE I	
GENERAL CONDITIONS OF PAYMENT	
In consideration of the faithful performance by the Contractor of its agreem	nents hereunder, and in
conformity with the administrative procedures set forth herein, the County co	ovenants and agrees to
pay to the Contractor during the term of this Contract, a maximum sum of \$_	.00

(\$???,???.00 per year) subject to this amount being included and approved in the 2014, 2015, and

2016 Mercer County budgets. Funding for this contract may increase beyond the original contractual amount when additional non-county funding becomes available, i.e. increased allocation for cost of living adjustment (COLA). Should this occur the contractor must provide increased levels of services at the unit cost referenced in the proposal. The County reserves the right to decrease or increase the levels of service based upon allocation and no minimum or maximum is implied or guaranteed. Payments are to be made in prorated amounts, on a quarterly basis and on receipt of required reports as submitted by the Contractor and approved by the County. The Contractor hereby agrees to:

- a. Perform services described in the program specifications (RFP Response), PROGRAM
 SPECIFICATIONS, hereby fully incorporated and made a part of this Contract.
- b. Maintain, in accordance with practices acceptable to the County, uniform records of services described herein and make such records available to the County any time during the duration of the Contract of thereafter.
- c. Forward quarterly progress reports of service rendered from the inception of this Contract.
- d. Maintain adequate financial and/or personnel attendance leave records pertaining to all services described herein as may be rendered and make said records available for inspection by the County and any or all of its agents at any and all reasonable times during the terms of this Contract.
- e. In order to ensure accurate fiscal reporting, all contract agencies which receive in excess of \$25,000 in a twelve (12) month period in total County funds, shall segregate the program funded by the County by maintaining either a separate function or cost center code in their fund accounting system. All revenue and expenses shown on the budget submission should be charged to this account and quarterly fiscal reports should be based on these figures. Where possible, County-funded programs should be shown separately in the agency audit.

f. Submit expenditure reporting forms as prescribed and supplied by the County not later than the fifteenth working day of the month immediately following the end of the quarter concerned.

ARTICLE II

SPECIAL CONDITIONS

- a. The Contractor's status shall be that of an independent principal and not as an agent or employee of the County.
- b. The Contractor agrees not to assign this Contract or any monies due hereunder without the prior written approval of the County.
- c. This Contract, and all rights and obligations of the parties hereto shall be construed in accordance with the laws of the State of New Jersey.
- d. The Contractor agrees that in the performance of this Contract it will obey, abide by and comply with all applicable Federal and State statutes and regulations.
- e. The Agency hereby covenants and agrees not to discriminate against any person who is employed in the work covered by this Contract, or against any applicant for such employment because of race, religion, color, age, national origin, marital status, personal ancestry, affectional sexual orientation or disability. The Agency hereby agrees to the requirements of Exhibit A, MANDATORY AFFIRMATIVE ACTION LANGUAGE (attached). The Agency shall insert similar provisions in all subcontracts for service by this Contract.
- f. The Contractor and the County of Mercer do hereby agree that the provisions of Title II of the Americans with Disabilities Act of 1990 (the "Act") (42 <u>U.S.C.</u> 12101 <u>ET SEQ.</u>), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. The contractor further

- agrees to conduct all activities in compliance with the provisions of Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972, and the U.S. Department of Labor's regulations at 29 CFR, Parts 31, 32, and 34.d.
- g. The Contractor shall cooperate with any Federal or state reviews aimed at determining compliance with non- discrimination laws and regulations.
- h. The Contractor hereby covenants and agrees to provide the County with a certificate of worker's compensation insurance covering any of the Contractor's employees, subcontractors, agents, servants, etc., who may at any time during the term of this Contract perform any act, service, or work of any nature whatsoever by or in behalf of the Contractor.
- i. The Contractor shall maintain sufficient insurance to protect against all claims under Workers Compensation as statutorily required, General Liability in the amount of \$1,000,000.00 single occurrence and \$2,000,000.00 general aggregate and Automobile Insurance in the amount of \$1,000,000.00 combined single limit. Vendors are responsible to provide updated certificates as policies renew.
- j. Mercer County shall be included as an additional named insured on any insurance policy applicable to this Contract.
- k. The Contractor hereby covenants and agrees to render and save harmless the County from any and all claims, causes of action, law suits, including the payment of any damages or fines for personal injury and/or property damage or otherwise arising out of the course of any of the activities or duties of the Contractor or their agencies, servants or employees and that the Contractor will assume the cost, including the payment of legal fees for any judgment arising or resulting there from and burden of providing a good and sufficient defense or defenses, for any such claim, cause of action or law suits, if any.

- Any and all provisions of this Contract may be changed or modified by mutual consent of
 the parties hereto but any change and/or modification shall not be binding unless reduced
 to a written agreement, signed by the parties.
- m. The Contract may be terminated by either party upon sixty (60) days written notice to that effect, forwarded to the other party desiring to terminate the Contract and thereupon payments under this Contract shall be paid to the terminal date based on the Expenditure Reports submitted. In the event of cancellation of this Contract, the Contractor agrees to furnish the County such reports as may be requested based upon work completed under the provisions of this Contract.

ARTICLE III

TERMS OF CONTRACT

It is understood and agreed by and between the parties hereto upon signing that this Contract shall be deemed effective from July 1, 2014 and continuing until June 30, 2016.

IN WITNESS WHEREOF, the parties hereto have executed this Contract by its duly authorized officers.

CONTRACTOR	COUNTY OF MERCER	
	BY:	
Name	Brian M. Hughes	
Title	County Executive	
ATTEST:		
	BY:	
	Jerlene H. Worthy	
	Clerk to the Board of	
	Chosen Freeholders	

PROPOSAL CHECKLIST

The following checklist is provided as assistance to the development of the RFP Response. It in no way supersedes or replaces the requirements of the RFP. You must initial on the lines below attesting to the fact that you have read and/or included the documents with your RFP.

Checklist		Agency Initials	Contract Unit
Complete proposal packet, including Funding Proposal Cover Sheet	1 original & 6		
and Attachments A & B*	copies		
County of Mercer Contract template *	6 signed		
	originals		
CD or USB Drive containing all Proposal Materials*	1		
Non-Collusion Affidavit (Complete and Notarized) *	1 w/ original		
,	signature		
Affirmative Action Compliance Notice *	1 w/ original		
•	signature		
Certificate of Employee Report or AA302*	1 w/ signature		
Exhibit A: Affirmative Action Mandatory Language *	1 w/ original		
Exhibit 7t. 7th mative 7 otton Mandatory Edingdage	signature		
EEOC Sexual Harassment Guidelines #	1 w/ original		
LEGO OCADA HAI ASSINCIA GUIDEINICS #	signature		
American with Disabilities Act Language #	1 w/ original		
American with bisabilities Act Language #	signature		
W9 Form (for New Agency not previously County-funded) %	1 w/ original		
was of the flow Agency not previously County-landed) 70	signature		
Insurance and Indemnification*	1 w/ original		
modiance and indeminication	signature		
Certificate of Liability Insurance*	1 w/ original		
Octimodic of Elability Insurance	signature		
Certificate of Automobile Insurance *	1 w/ original		
Octimodic of Automobile insurance	signature		
Certificate of Workers Compensation Insurance *	1 w/ original		
Continuate of Workers Compensation insurance	signature		
Certificate of Insurance 30 –day Cancellation Time Period*	1 w/ original		
definition of modifiance of ady defice action time i chod	signature		
NJ Business Registration (For-Profit businesses only) *	1 w/ signature		
The Basilless (togistiation (tolt from Basillesses striy)	i w oignataro		
Pay-to-Play Form (For-Profit businesses/corporations only) %	1 w/ original		
	signature		
Stockholder Disclosure Certification* FAILURE TO COMPLETE ,	1 w/ original		
SIGN AND SUBMIT THIS FORM IS CAUSE FOR REJECTION	signature		
Contract Award Signature Sheet*	1 w/ original		
	signature		
Proof of 501(c)(3) status (For Non-Profits only)*	1 w/ signature		
Certificate of Incorporation *	1 w/ signature		
	.		
Most recent audited financial statement (or Form 990 for For-Profit	1 w/ original		
businesses)*	signature		
Brochures and Organizational Chart *	6 copies		
Copies of all questionnaires, diagnostic/other screening tools,	6 copies		
surveys, etc. utilized as part of performance outcome activities. %			
Proof of coordination (e.g., consortia/affiliation agreements, letters of endorsement) %	1 copy		

