

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES**

**REQUEST FOR PROPOSALS**

***PROVIDER PRE-CERTIFICATION FOR DISASTER BEHAVIORAL  
HEALTH CARE SERVICES***

**June 23, 2014**

**Lynn A. Kovich  
Assistant Commissioner**

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## **I. Introduction**

The New Jersey Division of Mental Health and Addiction Services (DMHAS) continues to develop its system for providing emergency behavioral health response services following disasters. The need for emergency response services was highlighted in the recommendations set forth in the Governor's Task Force on Mental Health final report issued March 2005. The recommendations of the Task Force secured funding to maintain staffing for the emergency response programs developed within the DMHAS following the events of September 11, 2001.

This current Request for Proposal (RFP) focuses on pre-certification of currently contracted Behavioral Health Providers to support and staff behavioral health services in the aftermath of Presidentially-declared disasters. A Presidentially-declared disaster provides the opportunity for a program funded under the Federal Emergency Management Agency (FEMA) known as Individual Assistance (IA). Under this program, the State Mental Health Authority - DMHAS - develops a grant application for an Immediate Services Program (ISP) to provide crisis counseling for the first 60 days following a disaster and for a Regular Services Program (RSP), if needed, for an additional nine months. The crisis counseling program is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) in coordination with the State Mental Health Authority.

The requirements of participation by states in the FEMA-funded Crisis Counseling Program (CCP) includes an immediate response in the aftermath of the disaster pending approval of grant funds. There are typically long learning curves for Providers who do not have previous experience with these programs. The State's readiness for a disaster would be highly enhanced with a pool of pre-qualified Providers willing to accept the FEMA rate of reimbursement and who are knowledgeable about the FEMA/SAMHSA grant application and crisis counseling program requirements in advance of a disaster event. This pre-qualified cadre of providers would be pre-trained as a condition of participation in the response process, and would therefore be ready to provide an immediate, effective and efficient response. This would also minimize the need to provide the education and orientation necessary for the response process while simultaneously trying to manage the response. The pre-qualification process for Providers is a complement to the existing process for certifying crisis counselors.

## **II. Background**

Although the New Jersey Department of Human Services, Division of Mental Health and Addiction Services, (DMHAS) has a long history of responding to disasters and other traumatic events, this is the first time an RFP has been issued to seek to pre-certify Providers to support emergency response. DMHAS began developing a more formal behavioral health response to declared disasters in 1989 in coordination with the New Jersey Office of Emergency Management and other response partners including the American Red Cross, Salvation Army, and Volunteer Organizations Active in Disasters (VOADs). The first Mental Health Emergency Response Plan was developed as the Social Services Annex for the Department of Human Services Emergency Response Plan.

A curriculum committee was formed to develop a training program to begin preparing the mental health workforce to respond to disasters and overwhelming community incidents. At the onset of the events of September 11<sup>th</sup>, 300 people had been trained borrowing from best practice training models developed by the SAMHSA and endorsed by FEMA.

New Jersey's behavioral health emergency response program continued to grow following the events of September 11<sup>th</sup> which underscored and validated the need to have a trained workforce to respond to the behavioral health needs of persons affected by disasters. Through federal funds that became available for expansion of preparedness programs and subsequent funding recommended by the Governor's Task force, New Jersey has developed a robust nationally recognized behavioral health emergency response program. The Disaster and Terrorism Branch (DTB) housed within the DMHAS was created with support from an appropriation recommended by the Governor's Task Force. Subsequently, a program for certifying behavioral health responders was created in 2004. Additional information about the certification program is housed at <http://www.state.nj.us/humanservices/dmhs/disaster/> under the credentialing tab.

The Federal Emergency Management Agency (FEMA) was created by Executive Order 12148; the Director of FEMA has primary responsibility for administering the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Public Laws 93-288 and 100-707). Section 416 of the Stafford Act authorizes crisis counseling assistance and training in the form of grants to qualifying states. The Division of Mental Health and Addiction Services is designated as the State Mental Health Authority responsible for administering the crisis counseling assistance and training program in coordination with FEMA and SAMHSA.

The Governor of the State of New Jersey has overall responsibility for Emergency Management Activities; per Chapter 438, Public Law 1953. Pursuant to the Civil Defense and Disaster Control Act (N.J.S.A.: 9-34, Emergency Powers of the Governor), the Governor is authorized to utilize and employ all the available resources of the State Government and of each and every political subdivision of the State, whether of men, properties or instrumentalities, and to commandeer and utilize any personal services and any privately owned property necessary to avoid or protect against any emergency, subject to the future payment of the reasonable value of such services. During times of disaster, DMHAS through its Disaster and Terrorism Branch, partners with the New Jersey Office of Emergency Management to bring behavioral health resources to populations affected by disaster.

### **III. Target Population & Statement of Need**

DHS/DMHAS/DTB has a long standing successful history of partnering with community mental health and behavioral health Providers to support New Jersey citizens in the aftermath of disasters. As in the past, the target population will prioritize New Jersey citizens affected by disasters. Behavioral health emergency response services have been provided during numerous declared disasters and community crises including: Nor'easters; the first attack and bombing of the World Trade Center; the Edison Pipeline Explosion; Hurricane Floyd; the attacks of September 11, 2001; an anthrax scare; an airplane crash in Lakehurst; Kosovo refugees; Katrina evacuees; Haiti refugees; numerous floods; Hurricane Irene; Superstorm Sandy; school and work-related incidents and many others.

Following a Presidential disaster declaration, FEMA funding becomes available specific to the geographic areas in the declaration for an Immediate and subsequently, Regular Services Crisis Counseling Program. The target population includes those who are at risk of developing more serious emotional problems as a result of disasters including individuals who lost loved ones; are homeless as their homes were damaged or destroyed; lost income or livelihoods; were displaced; are disenfranchised; and/or are of low economic status; as well as children, minorities, persons with a mental health illness and/or substance disorder; first responders; veterans and other populations deemed to be at risk as a result of the disaster. The goal of the program is to return persons to the extent possible, to their previous levels of functioning. The CCP programs are based on the belief that people are resilient and that by providing support through each phase of response and recovery, more serious emotional issues may be mitigated. Programs must also be culturally sensitive, as well as targeted to populations who may be vulnerable or at risk for further emotional stress. According to SAMHSA, research has shown that the majority of people affected by disaster do not go on to develop Post Traumatic Stress Disorder (PTSD).

#### **IV. Scope of Work/Service Model**

Participating Providers agree to:

- Operate within a defined incident management system which includes State oversight for the behavioral health emergency response process, in partnership with other emergency responders led by the New Jersey Office of Emergency Management;
- Attend DMHAS sponsored orientation training focused on the Federal Emergency Management Agency grants application process for the provision of a crisis counseling program;
- Provide trained staff to respond in the immediate aftermath of a declared disaster in coordination with the County Mental Health Administrator and the Division of Mental Health and Addiction Services (DMHAS);
- Have the ability to ramp up quickly;
- Ensure staff designated to respond to attend DMHAS specified CCP model training in preparation for disaster response;
- Provide services as part of the NJ Hope and Healing team of providers with unified branding material and media;
- Accept Federal reimbursement rates typically ranging from \$25 an hour for crisis counselors and \$30 an hour for Team Leaders. On rare occasions, hourly rates can be negotiated for disasters that are large in scope but there is no guarantee the higher rates will be approve;
- Meet Federal mandates including program, fiscal reporting and monitoring requirements and participation in site visits. These are detailed in the Crisis Counseling toolkit located on the SAMHSA website: <http://www.samhsa.gov/dtac/ccptoolkit/training.htm>;
- Hire new staff in the event of an extended grant program;
- Ensure existing services are not supplanted; and
- Submit a budget within one week during the grant application submission phase using a FEMA-designated format (see attached).

## **V. Funding Availability**

No funding is available for this solicitation. Funding is subject to declaration of disaster and subsequent grant award to New Jersey of FEMA funds.

## **VI. Outcome Requirements**

Applicants must demonstrate that they understand this is not the typical behavioral health program and that the majority of persons served do not have serious mental illness. The program is primarily one of outreach provided in the communities where survivors of disaster live, work and congregate. Hours of operation must be flexible and accommodate after business hours and weekend service needs. The program is administered and monitored by the State Mental Health Authority, but works in collaboration with a wide network of responders. It will be necessary to ensure coordination through the DMHAS with federal, state and non-governmental response organizations such as SAMHSA, FEMA, NJOEM, New Jersey Homeland Security, County Mental Health Administrators, American Red Cross, Salvation Army, Volunteer Organizations Active in Disasters, Long Term Care Groups, etc.

Services must be provided within geographic areas included in Presidential declarations following the Crisis Counseling Program (model). Programs may range from 60 days to an additional 9 months depending on funding. Additional information regarding the federal training, program delivery and reporting requirements may be accessed at <http://www.samhsa.gov/dtac/ccptoolkit/training.htm>.

## **VII. Staffing (Administration)**

For the purposes of this RFP, it is preferable to employ staff who match the demographics of and are indigenous to the geographic area to be served. In addition, they must be willing to adhere to the FEMA and SAMHSA-endorsed CCP model of program delivery. Staff may be either professional or paraprofessional depending on need. It is important to design a program and hire staff to support it who can meet the specific needs of the population affected by the disaster whenever possible. Team Leaders and supervisors typically have advanced clinical degrees. People may be hired as crisis counselors and outreach workers from a broad range of backgrounds and do not need to have clinical backgrounds, but must be trained in the CCP model. It is helpful to hire people with strong interpersonal skills who are willing to work in community based settings outside of the office environments. All staff must be trained in the CCP model as described in the SAMHSA toolkit (link above). Reporting and monitoring requirements are also described in the toolkit and may include regular team meetings, individual and group supervision, ensuring fidelity to the CCP model, ensuring the affected populations are served within the designated geographic areas in the community and regular reporting to the State. The toolkit also provides reporting formats for the program, staffing guidelines, and fiscal and evaluation reporting requirements. Data must be collected using forms provided by SAMHSA and reported electronically through their system.

## VIII. Evaluation (Deliverables)

The FEMA grant application provides a formula to guide how to estimate how many people will be served and the types of services to be provided. This is based on the geographic areas, number of persons per household and the impact the disaster had on the population, e.g., if they lost a loved one, lost a home, were hospitalized, etc. In addition, as counselors and outreach workers provide services in the community, they collect data regarding services provided and populations served. The data are used to assess if the program is meeting its intended targets, if there are service gaps or if program changes need to be made. This information is also used to evaluate the program at the end of each quarter and at the end of the program. Program participants are mandated to use the federal evaluation tools and methods of collecting the data in order to receive CCP grant funding.

## IX. Qualifications

- The applicant must be a currently contracted DMHAS provider to participate in the RFP and also at the point of time a contract is awarded for any disaster funding.
- The applicant must currently meet, or be able to meet, the terms and conditions of the Department of Human Services contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM).
- Non-public applicants must demonstrate that they are incorporated through the New Jersey Department of State and provide documentation of their current non-profit status under Federal 501(c) (3) regulations, as applicable. If the applicant is a for-profit entity, the applicant must obtain a business registration certificate from the New Jersey Department of the Treasury prior to the time the contract is awarded. For-profits may obtain this certificate at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

## X. Requirements for Submission

Proposals must address the following:

1. **Funding Proposal Cover Sheet.** Please use the Cover Sheet included in the RFP package. Include the following:
  - a) Name of Agency (applicant);
  - b) Agency type (i.e., profit, non-profit, hospital-based, public);
  - c) Federal identification number;
  - d) Charities registration Incorporated number, as applicable;
  - e) Corporate address;
  - f) Contact person – name, title, phone, fax, email address;
  - g) Agency Fiscal Year end date; and
  - h) County(ies) in which you would be willing to provide services.
2. **Scope of Work/Project Model**
  - a) Describe your project.

b) How would the proposed program meet the needs or operationalize the program to meet the CCP Scope of Work section; and

c) Please also include a description of the following:

- Any collaboration you anticipate with other agencies and/or organizations;
- Any barriers you anticipate in meeting your goals, and how you expect to overcome them;
- Any barriers you anticipate in implementing services quickly;
- Any other resources that you may need to utilize or develop in order to meet your goals; and
- Add additional information requirements or needs.

### 3. Agency History and Experience

Please provide the following information related to your agency:

- A brief summary of your agency's history and mission;
- Your agency's experience in conducting the work sought in this RFP and/or related activities (describe your prior experience providing emergency response services within your designated geographic area);
- Your agency's experience working with the targeted population, including two (2) references that may be contacted; and
- Add any additional Agency history/experience, needs or interests.

4. Describe your knowledge of and experience with the emergency response system in your geographic area.
5. Indicate your experience and/or willingness to work with other emergency response organizations in your geographic area.
6. Describe the population residing in the geographic area to be served including residents who may be considered at risk such as ethnic minorities, children, older adults, people who have low incomes, people at risk of homelessness, people with mental illness or substance use disorder, people affected by previous disasters, etc.
7. Estimate the number of people in the geographic area that could potentially be affected by disaster, based on previous experiences.
8. Describe the process for recruiting staff and vetting staff for the program. Do you have the ability to hire new staff for this response and anticipated time frame for doing so?
9. Describe staff members' training and experience in the provision of disaster mental health services.
10. How will staff will be supervised and deployed to ensure they are able to meet the needs of the survivors, including flexible work hours such as evenings and weekends?
11. How would these services fit into the existing table of organization?



12. How would you ensure existing services are not supplanted?

13. Do you have the ability to enter data electronically?

14. Required Documents – these required documents must be on file with your contract – please provide or update as needed.

- a) Overview of agency services;
- b) Documentation of incorporation status;
- c) Proof of 501c (3) status, if applicable;
- d) Agency organization chart;
- e) Agency code of ethics and /or conflict of interest policy;
- f) Most recent audited financial statement;
- g) Listing of current Board of Directors, officers and terms of each; and
- h) Current Agency Licensure/Accreditation Status.

## **XI. Bidders Conference**

All applicants intending to submit a proposal in response to this request are strongly recommended to attend the Bidders' Conference.

**DATE: July 1, 2014**

**TIME: 10:00 am - 11:30 am**

**LOCATION:** 222 South Warren Street  
1<sup>st</sup> Floor Conference Room  
Trenton, NJ 08625

To register for this bidder's conference, go to:

<http://njsams.rutgers.edu/training/drp/register.aspx>

If you require assistance with this link, please contact Alicia Meyer, Coordinator, Division of Mental Health and Addiction Services at [alicia.meyer@dhs.state.nj.us](mailto:alicia.meyer@dhs.state.nj.us) or at 609-777-0069, no later than two days prior to the Bidder's Conference.

## **XII. Submission of Proposals**

DHS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP.

All proposals are due to the offices below no later than 4:00 PM, July 29, 2014. Submit your proposal in a single file PDF format via email to [RFP.submissions@dhs.state.nj.us](mailto:RFP.submissions@dhs.state.nj.us). Single PDF attachments and emails are highly preferred. Your email "subject" should include your agency name, and the proposal name and date. Proposals should be limited to 15 pages, with the exception of the budget and supporting documents – in a font size no smaller than 12. Additionally, one hard copy of the proposal with an original signature and six additional hard copies must be submitted to:

Adrienne Fessler-Belli  
 Director of the Disaster and Terrorism Branch  
 Division of Mental Health and Addiction Services  
 NJ Department of Human Services  
 PO Box 700 – 3<sup>rd</sup> floor  
 Trenton, NJ 08625-0700

RFP responses must be received at the above address by 4:00 pm on July 29, 2014, to be considered eligible. You may mail or deliver your response, however, the DMHAS is not responsible for items mailed, but not received, by the Division by the due date. Facsimile submissions will not be accepted.

**One hard copy and an electronic version of the proposal shall also be submitted to the County Mental Health Administrator(s) for the county (ies) in which you are proposing to provide services. Please refer to the following web link regarding contact information for the respective Mental Health Administrators:**

<http://www.state.nj.us/humanservices/dmhs/services/admin/>.

### **XIII. Review of Proposals and Notification of Preliminary Award**

Proposals received after the due date and time, will not be accepted by the Department and will not be evaluated. There will be a review process for all timely submitted proposals which meet all the requirements outlined in this RFP.

A committee comprised of DMHAS staff will review the proposals. The advisory group will be comprised of the Disaster and Terrorism Branch team members, DMHAS contract staff, and a representative of the Association of County Mental Health Administrators.

The Division reserves the right to reject all proposals when circumstances indicate that it is in its best interest to do so. The Division's best interests in this context include, but are not limited to, loss of funding, inability of the Applicant(s) to provide adequate services, and indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing Department Contracts, and procedures set forth in DHS CPIM Policy Circular P1.04. The Division will notify all applicants of awards, contingent upon the satisfactory final negotiation of a contract with the Office of Contract Administration, by September 2, 2014.

### **XIV. Appeal of Award Decisions**

Appeals of any award determinations may be made only by the respondents to this proposal. All appeals must be made in writing and must be received by the Division at the address below no later than September 8, 2014 at 4:00 pm. The written request must clearly set forth the basis for the appeal. Appeal correspondence should be addressed to:

*Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services  
222 South Warren Street, PO Box 700  
Trenton, NJ 08625-0700*

Please note that all costs incurred in connection with any appeals of DMHAS decisions are considered unallowable costs for purposes of DMHAS contract funding.

The DMHAS will review any appeals and render final decisions by September 15, 2014. Awards will not be considered final until all timely appeals have been reviewed and final decisions rendered.

# Crisis Counseling Assistance and Training Program

## Quarterly and Final Report Format

See additional attachments for program and fiscal reporting formats

Preface the report with a contact sheet of identifying information: state contact, Federal Emergency Management Agency (FEMA) disaster number, and grant number.

- I. Executive Summary**—provide a brief summary of program activities described in the report. Highlight program accomplishments and anticipated challenges for the next quarter (if applicable). (two pages)

### **II. Program Activities and Management**

- A. Staffing—provide an updated organizational chart. Provide a list of service providers that includes staffing (by position and full-time equivalency) and regions served for each provider. Include number of positions filled compared to number allotted for each provider. (two or more pages)
- B. Quality assurance—describe the program's internal quality management system (e.g., communications, supervision, and staff meetings). (one to two pages)
- C. Program highlights—describe program successes, achievements, and service delivery innovations. (one to two pages)

### **III. Fiscal Activities** (section length varies depending on program size)

- A. Budget—refer to *Template for Quarterly Financial Reporting* for budget template. Include total, state, and individual provider budgets, amounts expended to date, and balances going forward.
- B. Budget narrative

### **IV. Monitoring and Evaluation** (section length varies depending on program size)

- A. Program monitoring—provide data and a brief narrative analysis of outreach activities and strategies for the state and each service provider. Include details on activities related to special populations such as children, adolescents, older adults, and others identified in the Crisis Counseling Assistance and Training Program (CCP) application.
  - 1. Primary services:
    - a. Brief educational or supportive contacts;
    - b. Individual crisis counseling;
    - c. Referrals;
    - d. Group counseling and public education; and
    - e. Community networking.
  - 2. Secondary services:
    - a. Materials distribution.

- B. Program evaluation—provide data and a brief narrative analysis of evaluation activities and results.
  - 1. Participant feedback survey (if applicable). Participant feedback surveys are conducted quarterly in the Regular Services Program (RSP).
  - 2. Provider feedback survey (if applicable). Provider surveys are conducted semiannually in the RSP.
  - 3. Highlight challenges or issues related to evaluation.

**V. Training** (one to two pages)

- A. Describe required or recommended CCP staff training conducted. Relate to the approved training plan.
- B. Stress management—describe how the program has addressed stress management for CCP staff.
- C. List other or special topic trainings provided for CCP staff, and provide a brief description of each additional training.

**VI. Media and Public Service Announcements**—describe program marketing and public information activities, and the use of media. Refer to websites, fliers, newsletters, public service announcements, and the development and use of hotlines. (one to two pages)

**VII. Challenges, Goals, and Technical Assistance Needs**<sup>1</sup> (two to three pages)

- A. Program challenges—briefly describe program challenges. Describe possible solutions, if any, to implement in the next quarter.
- B. Goals for the next quarter.
- C. Technical assistance needs.

**VIII. Attachments**—programs are encouraged to include educational materials, fliers, brochures, videos, training materials, summary data reports, etc., with their quarterly reports. For the final report, programs are required to attach sample program material.

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<sup>1</sup>For the Final Report, part VII should be replaced with the following: VII. Conclusions, A. Best practices and lessons learned, B. Recommendations to FEMA and CMHS. (two to five pages)

## **Federal Budget Templates - attachment**

### **Immediate Services Program Budget**

In the following table, include a detailed line-item narrative for the projected period (45 days). Please review the detailed guidance on the budget narrative included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

### ISP Line-Item Budget Narrative for the Individual Service Provider—Projected Costs

Name of service provider: \_\_\_\_\_

Designated areas: \_\_\_\_\_

Total estimated number to be served via primary services: \_\_\_\_\_

| Budget Line Item                   | Item Description   |                   |              |                  |                     | Total Cost |
|------------------------------------|--|-------------------|--------------|------------------|---------------------|------------|
| <b>PROVIDER COSTS</b>              |  |                   |              |                  |                     |            |
| <b>Personnel Costs</b>             |  | <b>No. of FTE</b> | <b>Hours</b> | <b>Days (45)</b> | <b>Rate</b>         |            |
| Salaries and Wages                 | (Itemize position titles from Part IV.C.2. here. Add rows as needed.)  |                   |              |                  |                     |            |
|                                    |  |                   |              |                  |                     |            |
| <i>Subtotal Salaries and Wages</i> |  |                   |              |                  |                     |            |
| Fringe                             | (Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)  |                   |              | %                |                     |            |
| <i>Subtotal Personnel Costs</i>    |  |                   |              |                  |                     |            |
| <b>Travel Costs</b>                |  |                   | <b>Miles</b> | <b>Days (45)</b> | <b>Rate</b>         |            |
|                                    | (Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.) |                   |              |                  |                     |            |
|                                    |  |                   |              |                  |                     |            |
| <i>Subtotal Travel Costs</i>       |  |                   |              |                  |                     |            |
| <b>Equipment Costs</b>             |  |                   |              | <b>Unit Cost</b> | <b>No. of Units</b> |            |
|                                    | (Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)   |                   |              |                  |                     |            |

|  |  |                   |                     |                   |
|--|--|-------------------|---------------------|-------------------|
|  |  |                   |                     |                   |
| <i>Subtotal Equipment Costs</i>                            |  |                   |                     |                   |
| <b>Supplies Costs</b>                                      |  | <b>Unit Cost</b>  | <b>No. of Units</b> |                   |
|  | (Itemize supply costs here. Add rows as needed.)                                   |                   |                     |                   |
|  |  |                   |                     |                   |
| <i>Subtotal Supplies Costs</i>                             |  |                   |                     |                   |
| <b>Budget Line Item</b>                                    | <b>Item Description</b>  |                   |                     | <b>Total Cost</b> |
| <b>Consultant/Trainer Costs</b>                            |  | <b>Daily Rate</b> | <b>No. of Days</b>  |                   |
| Rates  | (Itemize contractual consultant/trainer costs here. Add rows as needed.)           |                   |                     |                   |
|  |  |                   |                     |                   |
| Travel   | (Itemize consultant/trainer travel costs here. Add rows as needed.)                |                   |                     |                   |
|  |  |                   |                     |                   |
| <i>Subtotal Contractual Consultant/Trainer Costs</i>       |  |                   |                     |                   |
| <b>Media/Public Information Costs</b>                      |  |                   |                     |                   |
|  | (Itemize contractual media and public information costs here. Add rows as needed.) |                   |                     |                   |
|  |  |                   |                     |                   |
| <i>Subtotal Contractual Media/Public Information Costs</i> |  |                   |                     |                   |
| <b>Other Service Provider Costs</b>                        |  |                   |                     |                   |
|  | (Itemize other service provider costs here. Add rows as needed.)                   |                   |                     |                   |
|  |  |                   |                     |                   |
| <i>Subtotal Other Service Provider Costs</i>               |  |                   |                     |                   |
| <b>Total Provider Costs:</b>                               |  |                   |                     |                   |
| <b>Add narrative budget justification here.</b>            |  |                   |                     |                   |
|  |  |                   |                     |                   |
|  |  |                   |                     |                   |
|  |  |                   |                     |                   |
|  |  |                   |                     |                   |
|  |  |                   |                     |                   |



### Optional Interim Provider Budget Narrative

If applying to be reimbursed for interim costs, include a detailed line-item narrative in the following table. Please review the detailed guidance on interim costs included in the ISP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

#### ISP Line-Item Budget Narrative for the Individual Service Provider—Interim Costs (Optional)

Name of service provider: \_\_\_\_\_

Designated areas: \_\_\_\_\_

Total estimated number to be served via primary services: \_\_\_\_\_

| Budget Line Item                | Item Description   |                   |              |                   |                     | Total Cost |
|---------------------------------|--|-------------------|--------------|-------------------|---------------------|------------|
| <b>PROVIDER COSTS</b>           |  |                   |              |                   |                     |            |
| <b>Personnel Costs</b>          |  | <b>No. of FTE</b> | <b>Hours</b> | <b>Days</b>       | <b>Rate</b>         |            |
| Salaries and Wages              | (Itemize position titles from Part IV.C.2. here. Add rows as needed.)  |                   |              |                   |                     |            |
|                                 |  |                   |              |                   |                     |            |
| Subtotal Salaries and Wages     |  |                   |              |                   |                     |            |
| Fringe                          | (Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)  |                   |              | %                 |                     |            |
| Subtotal Personnel Costs        |  |                   |              |                   |                     |            |
| <b>Travel Costs</b>             |  |                   | <b>Miles</b> | <b>Days</b>       | <b>Rate</b>         |            |
|                                 | (Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.) |                   |              |                   |                     |            |
|                                 |  |                   |              |                   |                     |            |
| Subtotal Travel Costs           |  |                   |              |                   |                     |            |
| <b>Equipment Costs</b>          |  |                   |              | <b>Unit Cost</b>  | <b>No. of Units</b> |            |
|                                 | (Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)   |                   |              |                   |                     |            |
|                                 |  |                   |              |                   |                     |            |
| Subtotal Equipment Costs        |  |                   |              |                   |                     |            |
| <b>Supplies Costs</b>           |  |                   |              | <b>Unit Cost</b>  | <b>No. of Units</b> |            |
|                                 | (Itemize supply costs here. Add rows as needed.)   |                   |              |                   |                     |            |
|                                 |  |                   |              |                   |                     |            |
| Subtotal Supplies Costs         |  |                   |              |                   |                     |            |
| <b>Consultant/Trainer Costs</b> |  |                   |              | <b>Daily Rate</b> | <b>No. of Days</b>  |            |

|  |  |                       |  |  |
|--|--|-----------------------|--|--|
| Rates  | (Itemize contractual consultant/trainer costs here. Add rows as needed.)           |                       |  |  |
|  |  |                       |  |  |
| Travel   | (Itemize consultant/trainer travel costs here. Add rows as needed.)                |                       |  |  |
|  |  |                       |  |  |
| <i>Subtotal Contractual Consultant/Trainer Costs</i>       |  |                       |  |  |
| <b>Budget<br/>Line Item</b>                                | <b>Item Description</b>  | <b>Total<br/>Cost</b> |  |  |
| <b>Media/Public Information Costs</b>                      |  |                       |  |  |
|  | (Itemize contractual media and public information costs here. Add rows as needed.) |                       |  |  |
|  |  |                       |  |  |
| <i>Subtotal Contractual Media/Public Information Costs</i> |  |                       |  |  |
| <b>Other Service Provider Costs</b>                        |  |                       |  |  |
|  | (Itemize other service provider costs here. Add rows as needed.)                   |                       |  |  |
|  |  |                       |  |  |
| <i>Subtotal Other Service Provider Costs</i>               |  |                       |  |  |
| <b>Total Provider Costs:</b>                               |  |                       |  |  |
| <b>Add narrative budget justification here.</b>            |  |                       |  |  |
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|  |  |                       |  |  |

## Regular Services Program Budget

Complete an Individual Service Provider Budget for each service provider.

### RSP Individual Service Provider Budget Summary

Name of service provider: \_\_\_\_\_

Designated areas: \_\_\_\_\_

Total estimated number to be served through primary services: \_\_\_\_\_

| Budget Line Item                | Total Costs | In-Kind<br>(funds contributed by the provider) |
|---------------------------------|-------------|--|
| Salaries and Wages              |             |  |
| Fringe ____%                    |             |  |
| Subtotal Personnel Costs        |             |  |
| Travel                          |             |  |
| Equipment                       |             |  |
| Supplies                        |             |  |
| Consultant/Trainer Costs        |             |  |
| Media/Public Information Costs  |             |  |
| Other Service Provider Costs    |             |  |
| <b>Total (f.)<sup>1</sup> :</b> |             |  |

<sup>1</sup> Letters in parentheses indicate the corresponding budget category on the SF-424a

In the following table, include a detailed line-item narrative. Please review the detailed guidance on the budget narrative included in the RSP Supplemental Instructions and in the *Crisis Counseling Assistance and Training Program Guidance*.

In addition to entering itemized costs, please enter a detailed narrative justification for all line-items at the end of each budget table.

### RSP Line-Item Budget Narrative for the Individual Service Provider

Name of Service Provider: \_\_\_\_\_

Designated areas: \_\_\_\_\_

Total estimated number to be served via primary services: \_\_\_\_\_

| Budget Line Item                   | Item Description   |                   |              |                   |                     | Total Cost        |
|------------------------------------|--|-------------------|--------------|-------------------|---------------------|-------------------|
| <b>PROVIDER COSTS</b>              |  |                   |              |                   |                     |                   |
| <b>Personnel Costs</b>             |  | <b>No. of FTE</b> | <b>Hours</b> | <b>Weeks</b>      | <b>Rate</b>         |                   |
| Salaries and Wages                 | (Itemize position titles from Part V.C.2. here. Add rows as needed.)   |                   |              |                   |                     |                   |
|                                    |  |                   |              |                   |                     |                   |
| <i>Subtotal Salaries and Wages</i> |  |                   |              |                   |                     |                   |
| Fringe                             | (Itemize all benefits included in fringe here. Typical examples are health insurance and unemployment insurance.)  |                   |              | %                 |                     |                   |
| <i>Subtotal Personnel Costs</i>    |  |                   |              |                   |                     |                   |
| <b>Budget Line Item</b>            | <b>Item Description</b>  |                   |              |                   |                     | <b>Total Cost</b> |
| <b>Travel Costs</b>                |  |                   | <b>Miles</b> | <b>Weeks</b>      | <b>Rate</b>         |                   |
|                                    | (Itemize travel types here; include estimated mileage rate, air, lodging, and per diem costs incurred directly by the provider. Do not include consultant/trainer travel costs. Add rows as needed.) |                   |              |                   |                     |                   |
|                                    |  |                   |              |                   |                     |                   |
| <i>Subtotal Travel Costs</i>       |  |                   |              |                   |                     |                   |
| <b>Equipment Costs</b>             |  |                   |              | <b>Unit Cost</b>  | <b>No. of Units</b> |                   |
|                                    | (Itemize equipment costs here. Individual expenses under \$5,000 must be listed under supplies. Add rows as needed.)   |                   |              |                   |                     |                   |
|                                    |  |                   |              |                   |                     |                   |
| <i>Subtotal Equipment Costs</i>    |  |                   |              |                   |                     |                   |
| <b>Supplies Costs</b>              |  |                   |              | <b>Unit Cost</b>  | <b>No. of Units</b> |                   |
|                                    | (Itemize supply costs here. Add rows as needed.)   |                   |              |                   |                     |                   |
|                                    |  |                   |              |                   |                     |                   |
| <i>Subtotal Supplies Costs</i>     |  |                   |              |                   |                     |                   |
| <b>Consultant/Trainer Costs</b>    |  |                   |              | <b>Daily Rate</b> | <b>No. of Days</b>  |                   |

|  |  |  |  |  |
|--|--|--|--|--|
| Rates  | (Itemize contractual consultant/trainer costs here. Add rows as needed.)           |  |  |  |
|  |  |  |  |  |
| Travel   | (Itemize consultant/trainer travel costs here. Add rows as needed.)                |  |  |  |
|  |  |  |  |  |
| <i>Subtotal Contractual Consultant/Trainer Costs</i>       |  |  |  |  |
| <b>Media/Public Information Costs</b>                      |  |  |  |  |
|  | (Itemize contractual media and public information costs here. Add rows as needed.) |  |  |  |
|  |  |  |  |  |
| <i>Subtotal Contractual Media/Public Information Costs</i> |  |  |  |  |
| <b>Other Service Provider Costs</b>                        |  |  |  |  |
|  | (Itemize other service provider costs here. Add rows as needed.)                   |  |  |  |
|  |  |  |  |  |
| <i>Subtotal Other Service Provider Costs</i>               |  |  |  |  |
| <b>TOTAL PROVIDER COSTS:</b>                               |  |  |  |  |
| <b>Add narrative budget justification here.</b>            |  |  |  |  |
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**Attachment A**

Date Received \_\_\_\_\_

**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES**  
(Insert Division Name)  
Cover Sheet

Name of RFP \_\_\_\_\_

Incorporated Name of Applicant: \_\_\_\_\_

Type: Public \_\_\_\_\_ Profit \_\_\_\_\_ Non-Profit \_\_\_\_\_ Hospital-Based \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ Charities Reg. Number (if applicable)

\_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

\_\_\_\_\_

Total dollar amount requested: \_\_\_\_\_ Fiscal Year End:

\_\_\_\_\_

Funding Period: From \_\_\_\_\_ to \_\_\_\_\_

Total number of unduplicated clients to be served: \_\_\_\_\_

County in which housing and services are to be provided: \_\_\_\_\_

Brief description of services by program name and level of service to be provided\*:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorization: Chief Executive Officer (printed name):

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE: If funding request is more than one service, complete a separate description for each service. Identify the number of units to be provided for each service as well as the unit description (hours, days, etc.) If the contract will be based on a rate, please describe how the rate was established.

**Attachment B****STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES****ADDENDUM TO REQUEST FOR PROPOSAL  
FOR SOCIAL SERVICE AND TRAINING CONTRACTS**

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

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

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

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

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

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

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

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



## Attachment C

### Department of Human Services Statement of Assurances

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

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFI, including development of specifications, requirements, statement of works, or the evaluation of the RFI applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.

- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

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Applicant Organization

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Signature: Chief Executive Officer or Equivalent

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Date

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Typed Name and Title

6/97

## **Attachment D**

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

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

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

---

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510

**Attachment D Cont.**

## Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

## Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.