NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

REQUEST FOR QUALIFICATIONS

FOR

Housing Related Support Services-Furniture/Appliances/Equipment

Publication Date: September 3, 2026

Questions Deadline: September 11, 2026

AOR Form Deadline: September 30, 2026

Response Deadline: October 7, 2026. by 12:00 P.M.

Joseph E. Ribsam Jr.
Acting Commissioner

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

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Section I - General Information

A. Summary Program Description:

The New Jersey Department of Children and Families (DCF), Division of Child Protection and Permanency (CP&P), announces its intent to award contracts for Housing Related Support Services- Furniture/Appliances/Equipment. A respondent may submit one response to this RFQ.

DCF is requesting qualifications from eligible vendors for the purchase, delivery, and assembly/set-up of household furnishings, bedding, appliances, and related equipment on an as needed basis to maintain children safely in their current living situations or to facilitate reunification of children with their families.

Existing providers with current contracts for furniture/appliances/equipment must respond to this RFQ and be deemed qualified to continue being a vendor of these items for DCF. CP&P Local Offices will not be able to continue purchasing services from an existing provider unless they successfully complete the RFQ process and are awarded a new contract.

Vendors whose proposals are approved will be awarded a DCF contract for services with a contract term of up to three years. Pricing on items will remain fixed for the duration of the contract. In the event DCF revises its Manual of Requirements for Resource Family Parents and additional items are to be added to the list of approved Priority 1 or Priority 2 items, DCF will send a Request for Quotation to providers awarded a contract via this RFQ to bid on the new approved items. DCF does not anticipate issuing a Request for Quotation more than one time per year during the provider's three-year contract term.

DCF MAKES NO REPRESENTATION REGARDING THE VOLUME OF ACTIVITY THAT IS TO BE EXPECTED WITH RESPECT TO THIS RFQ OR ANY RESULTING CONTRACT. A FORMAL CONTRACT WILL BE REQUIRED WHICH IS SUBJECT TO NEGOTIATION.

B. Funding Information:

DCF intends to award contracts to approved vendors on a fee for service basis.

Local Offices will initiate purchases via the CP&P Special Approval Request (SAR) Form 16-76.

Additional Local Office Manager approval must be obtained when purchasing items categorized as Priority 2.

Upon completion of the contracted service, the vendor submits the CP&P Form K-100 Billing Spreadsheet, through a DataMotion SecureContract account. If a

vendor does not already have such an account, DCF will provide on how to set up an account when the contract is negotiated.

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

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

The intended funding period for the contract is: January 1, 2027 through December 31, 2029. The funds available are to be budgeted to cover the expenses incurred during the initial contract term. DCF will not reimburse expenses incurred prior to the effective date of the contract except for approved start-up costs. Contract renewal is contingent on the availability of funds.

Contract Term: The contract term shall be up to three years. Contract payments will be based on a supplier invoice submitted against an agreed upon fixed contract unit price (including delivery and set-up).

As part of the contract, selected vendors will be required to maintain a separate account receivable for all invoices processed against the contract.

Selected vendors will be required to comply with the terms and conditions of the DCF's contracting rules and regulations as set forth in the Standard Language Document, the Contract Reimbursement Manual and the Contract Policy and Information Manual. The Standard Language Document and the Contract Reimbursement Manual and the Contract Policy and Information Manual may be reviewed via the Internet respectively at: https://www.nj.gov/dcf/providers/contracting/forms/ and www.nj.gov/dcf/providers/contracting/manuals. All prospective vendors that are new to DCF are strongly encouraged to review these materials prior to submitting their qualifications.

If qualified, the vendor shall be contacted by the DCF Office of Contracting and all contract awards shall be subject to contract negotiation.

C. Pre-Response Submission Information:

Questions

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

Technical inquiries about forms, documents, and format may be requested at any time prior to the response deadline, but **questions about the content of the RFP must be requested by 12 P.M. on September 11, 2026**.

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

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

D. Response Submission Instructions:

All responses must be delivered **ONLINE by October 7, 2026**. Responses received after this deadline will not be considered.

To submit online, respondent must first complete an Authorized Organization Representative (AOR) registration form found at AOR.pdf (nj.gov) and send it to DCF.ASKRFP@dcf.nj.gov no later than five business days before the response due date. AOR registration forms received after close of business September 30, 2026, may not be processed in time for the response due date.

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

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

E. Respondent Eligibility Requirements:

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

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

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

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

Where required, all respondents must hold current State licenses.

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

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

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

F. Required PDF Content of the Response:

In response to this RFQ, you are required to submit three separate PDF documents labeled as follows:

- **PDF 1**: *Section II - Required Performance and Staffing Deliverables (*ending with a Signed Statement of Acceptance)
- **PDF 2**: *Section III - Documents Requested to be Submitted with This Response, Subsection A. (Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with the Response)*
- **PDF 3**: *Section III – Documents Requested to Submitted with This Response, Subsection B. (*Additional Documents Requested to be Submitted in Support of This Response)

The required contents of these three PDFs are detailed in Sections II through IV of this RFQ.

Section II - Required Performance and Staffing Deliverables

After reviewing the required deliverables listed below, respondents must sign the statement at the bottom of this section to signify acceptance of all of them.

Submit a complete copy of the content of *Section II – Required Performance and Staffing Deliverables*, starting with this page and ending with your signed Statement of Acceptance, as a single PDF document. This will be the first PDF submission in your response packet and is to be labeled as: ***PDF 1.***

A. Subject Matter - The below describes the needs the awarded respondent must address in this program, the goals it must meet, and its prevention focus.

1) **The need for this program as indicated by data regarding the health and human services issues and parent and community perceptions is:**

The Department is charged with serving and safeguarding the most vulnerable children and families in the State and our mission is to ensure New Jersey youth and their families are safe, healthy and connected.

DCF's Child Protection and Permanency (CP&P) has 45 offices throughout New Jersey, with at least one in every county. These offices are known as "Local Offices" and house CP&P caseworkers, who work with children and families in their own homes and with children in out of home placements.

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

To support the safety and comfort of children in their current living situations and/or to facilitate reunification of children with their families.

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

1) **Age:** N/A

2) **Grade:** N/A

3) **Gender:** N/A

4) **Marital Status**: N/A

5) **Parenting Status:** N/A

6) **Will the program also serve the children of the primary service recipient?** N/A

7) **DCF CP&P Status:** Open with CP&P

8) **Descriptors of the primary service recipient:** N/A

9) **Descriptors of the Family Members / Care Givers / Custodians of the primary service recipients also required to be served:** N/A

10) **Other populations/descriptors targeted and served by this program:** N/A

11) **Does the program have income eligibility requirements?** No

C. Activities - The below describes the activities this program initiative requires of awarded respondents, inclusive of how the target population will be identified and served, the direct services and service modalities that will be provided to the target population, and the professional development and training that will be required of, and provided to, those delivering the services.

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

2) **The frequency of these increments to be tracked:** N/A

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

4) **Estimated Unduplicated Families:** N/A

5) **Is there a required referral process?** Yes

6) **The referral process for enabling the target population to obtain the services of this program initiative:**
CP&P Local Offices will initiate purchases via the CP&P Special Approval Request (SAR) Form 16-76.

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

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

DCF is seeking to approve vendors to provide household-related items throughout the State of New Jersey whose qualifications conform to this RFQ and are most advantageous to the State, price and other factors considered. All purchases will be authorized and requisitioned through DCF Local Offices on behalf of children and families in need of such emergent support services. DCF's intention is to publish a list of approved suppliers by county.

Furniture Quality and Conformity:

All items must be new and meet established warranty and safety standards. In particular and where appropriate, all items to be purchased must have a Juvenile Products Manufacturers Association (JPMA) certification seal (Verified Seal - Baby Safety Alliance), indicating that they meet American Society for Testing and Materials (ASTM) standards (Standards & Solutions Overview | ASTM). All appliances should have an Energy Star rating: (https://www.energystar.gov/products).

All products shall be manufactured and packaged under modern sanitary conditions in accordance with federal and State laws and standard industry practices.

All products must conform in every aspect to the standards and regulations established by Federal and New Jersey State laws.

All vendors must guarantee delivery and assembly/set-up at the delivery site within 24 hours of requisition.

Itemized description of specific items/merchandise to be provided, including price quotes, manufacturer, model, and item number. Please note that DCF is a tax-exempt entity, therefore, price quotations may not include taxes.

Vendors may bid on all or any number of items noted below, consistent with the following.

Priority 1 Items –Special Approval Request (SAR)	
Item	**Type (if applicable)**
Beds	
Mattress Only	Twin, Full, Queen, Extra Long Twin
Box Spring Only	Twin, Full, Queen, Extra Long Twin
Frame Only (Wood and Metal)	Twin, Full, Queen, Extra Long Twin
Sets (Mattress, Box Spring, Frame in Wood and Metal)	Twin, Full, Queen, Extra Long Twin

Captain's Bed with Drawers Below	Twin, Full
Captain's Bed with Trundle Bed	Twin, Full
Foldaway Bed	Twin
Air Mattress	Twin, Full, Queen
Children's Beds	
Toddler Beds	
Bunk Beds	Twin over Twin, Twin over Full
Cribs	
Crib Set	
Bassinet	
Convertible Crib	
Portable Crib/Pack and Play	
Bedding	
4-piece Sheet Set with Comforter	Toddler, Twin, Full, Queen, Extra Long Twin
Crib Sheet Sets	
Bed Bug Mattress Cover	Crib/Toddler, Twin, Full, Queen, Extra Long Twin
Waterproof Mattress Cover	Crib/Toddler, Twin, Full, Queen, Extra Long Twin
Car Seats	
Infant Car Seat	
Infant Car Seat Base	
Convertible/Toddler Car Seat	
Child Booster Seat	
Stroller	
Single Stroller	
Double Stroller	
Infant Travel System Stroller	
Child Safety Products	
Highchair	
Safety Gates	
Window Guards	
Radiator Covers	Various Sizes
Baby Monitor	
Video Baby Monitor	
Table Booster Seats	
Bed Safety Guard Rails	
Appliances	
Air Conditioner	Various Sizes
Refrigerator with Freezer and no Icemaker	Various Sizes
Microwave	
Lock Boxes	
Gun Safe (locked steel)	
Ammunition Lock Box (separate from gun safe)	
Medication Lock Box	
Miscellaneous	
Lamps (table and floor)	
Humidifier	
Dehumidifier	
First Aid Kit	
Carbon Monoxide Detector	
Smoke Detector	
Fire Extinguisher	

Door Alarm	

Priority 2 Items – Require Local Office Manager Approval	
Item	**Type (if applicable)**
Furniture	
Kitchen Sets	Table and 4 or 6 Chairs
Dressers	4, 6, or 8 Drawers
Dresser with Mirror	
Sofa	
3-piece Living Room Set	Sofa, Loveseat, Chair
Sofa Bed	Full, Queen
Child Desk and Chair	
Futon with Frame	Full, Queen
Appliances	
Stove	Gas and Electric
Washer	
Dryer	Gas and Electric
Stackable Washer-Dryer	Gas and Electric
Heater	
Miscellaneous	
Window Screens	Customary Size or Adjustable

Only items listed in this RFQ in the charts above and for which the vendor requested approval through the RFQ may be sold to CP&P. The vendor may not increase prices during the contract term.

Priority 1 Items require a signed Special Approval Request (SAR) signed by a Local Office Casework Supervisor in order to be purchased, while Priority 2 Items require the additional signature of the Local Office Manager on the SAR in order to be purchased.

Note: If the vendor must substitute a brand, the item shall be comparable to the item being substituted in quality and the same price as the original product.

In the event DCF revises its Manual of Requirements for Resource Family Parents and additional items are to be added to the list of approved Priority 1 or Priority 2 items, DCF will send a Request for Quotation to providers awarded a contract via this RFQ to bid on the new approved items. DCF does not anticipate issuing a Request for Quotation more than one time per year during the provider's three-year contract term.

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

a) Evidence Based Practice (EBP) modalities: N/A

b) DCF Program Service Name: Furniture/Appliances/Equipment

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

10) **The type of treatment sessions required for this program initiative are:** N/A

11) **The frequency of the treatment sessions required for this program initiative are:** N/A

12) **Awarded respondents are required to communicate with Parent/Family/Youth Advisory Councils, or to incorporate the participation of the communities the providers serve in some other manner:** N/A

13) **The professional development through training, supervision, technical assistance meetings, continuing education, professional board participation, and site visits, required for this program initiative are:** N/A

14) **The court testimony activities, which may address an individual's compliance with treatment plan(s); attendance at program(s), participation in counseling sessions, required for this program initiative are:** N/A

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

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

1) **The program initiative's service site is required to be located in:** N/A

2) **The geographic area the program initiative is required to serve is:** Regional. Respondents shall identify and attest to which counties they shall serve when they sign the Statement of Acceptance below. Services are needed statewide. Respondents who can deliver and assemble furniture anywhere it is needed throughout the state are encouraged.

3) **The program initiative's required service setting is:**
Contracted vendors will be required to deliver furniture to and assemble furniture in residential settings.

4) **The hours, days of week, and months of year this program initiative is required to operate:**
Program shall operate during traditional business hours with flexibility. Evening and weekend deliveries may be required.

5) **Additional procedures for on call staff to meet the needs of those served twenty-four (24) hours a day, seven (7) days a week?**
No.

6) **Additional flexible hours, inclusive of non-traditional and weekend hours, to meet the needs of those served?**
Hours of operation should be flexible to meet the needs and accommodate the school and work hours of the children and families being served.

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

8) **The transportation this program initiative is required to provide:**
No transportation of children or families. Required to deliver and possibly relocate furniture.

9) **The staffing requirements for this program initiative, including the number of any required FTEs, ratio of worker to youth, shift requirements, supervision requirements, education, content knowledge, credentials, and certifications:** N/A

10) **The legislation and regulations relevant to this specific program, including any licensing regulations:** N/A

11) **The availability for electronic, telephone, or in-person conferencing this program initiative requires:** N/A

12) **The required partnerships/collaborations with stakeholders that will contribute to the success of this initiative:** N/A

13) **The data collection systems this program initiative requires:**
CP&P Form K-100 Billing Spreadsheet and DataMotion SecureContract account.

If a vendor does not already have such an account, DCF will provide instructions on how to set up an account when the contract is negotiated.

Any software purchased in connection with the proposed project must receive prior approval from the New Jersey Office of Information Technology, and any data collected or maintained through the implementation of the proposed program shall remain the property of DCF.

Contractors shall maintain a financial management system consistent with all the requirements of Section 3.12 of the Standard Language Document or the Individual Provider Agreement.

14) **The assessment and evaluation tools this program initiative requires:** N/A

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

1) **The evaluations required for this program initiative:** N/A

2) **The outcomes required of this program initiative:** N/A

3) **Required use of databases:**
CP&P Form K-100 Billing Spreadsheet and DataMotion SecureContract account.

4) **Reporting requirements:** N/A

F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Region to be served:
☐Statewide (preferred)
OR if not serving the entire state please specify which counties below (select all that apply):
☐Atlantic
☐Bergen
☐Burlington
☐Camden
☐Cape May
☐Cumberland
☐Essex
☐Gloucester

☐Hudson
☐Hunterdon
☐Mercer
☐Middlesex
☐Monmouth
☐Ocean
☐Passaic
☐Salem
☐Somerset
☐Sussex
☐Union
☐Warren

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one of the two corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional Documents *Requested to be Submitted in Support of This Response*. **Each of these two sections must be submitted as a separate PDF, which would be the second ("PDF 2") and third ("PDF 3") PDF submissions in your response packet.**

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

Submit all the documents described in this Subsection as a single PDF. This will be the second PDF submission in your response and must be labeled: ***PDF 2.***

1) A description of how your **Accounting System** has the capability to record financial transactions by funding source, to produce funding source documentation, authorization to support all expenditures, and timesheets which detail by funding source how the employee spent their time, invoices, etc.

2) **Affirmative Action Certificate**: Issued after the renewal form [AA302] is sent to Treasury with payment.
   Note: The AA302 is only applicable to new startup agencies and may only be submitted during Year One (1). Agencies previously contracted through DCF are required to submit an Affirmative Action Certificate.
   Website: https://www.state.nj.us/treasury/contract_compliance/

3) **Agency By-Laws** -or- **Management Operating Agreement** if a Limited Liability Corporation (LLC) or Partnership

4) **Statement of Assurances** signed and dated.
   Website: https://www.nj.gov/dcf/providers/notices/requests/#2
   Form: Statement-of-Assurance-Form.doc

5) Dated List of Names, Titles, Emails, Phone Numbers, Addresses and Terms of either the Board of Trustees of a nonprofit organization, **Board of Directors** of a corporation, the **Managing Partners** of a Limited Liability Corporation (LLC)/Partnership, or the **members** of the responsible governing body of a county or municipality. This is not applicable for sole proprietors.

6) For Profit: **NJ Business Registration Certificate** with the Division of Revenue (see instructions for applicability to your organization).
Website: https://www.nj.gov/treasury/revenue/busregcert.shtml

7) **Business Associate Agreement/HIPAA** - Sign and date as the Business Associate.
Form: HIPAA Form 200-B

8) **Your Organization's Conflict of Interest Policy** (not the DCF Conflict of Interest Policy).

9) **Corrective action plans, performance improvement plans, or reviews** in process or completed by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities within the last two (2) years.

   If applicable, a copy of the corrective action plan or performance improvement plan should be provided and any other pertinent information that will explain or clarify the respondent's current position under the corrective action plan and remedial measures implemented.
   If not applicable, the respondent should complete, sign, date, and submit the Statement of Non-Applicability Regarding Corrective Action or Performance Improvement Plan.
   Form: Statement of Non-Applicability Regarding CAP or PIP

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

10) **Certification Regarding Debarment**
Form:https://www.nj.gov/dcf/documents/contract/forms/Cert.Debarment.pdf

11) **Disclosure of Investigations & Other Actions Involving Respondent**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestigations.pdf

12) **Disclosure of Investment Activities in Iran**
Form:
https://www.nj.gov/treasury/purchase/forms/DisclosureofInvestmentActivitiesinIran.pdf

13) **Ownership Disclosure Form**
* THIS FORM MUST BE SUBMITTED WITH THE RESPONSE. A RESPONSE SHALL BE DEEMED NON-REPONSIVE UNLESS THIS FORM IS SUBMITTED WITH IT.

Form:
https://www.nj.gov/treasury/purchase/forms/OwnershipDisclosure.pdf
The Ownership Disclosure form must be completed and returned by non-profit and for-profit corporations, partnerships, and limited liability companies. The failure of a for-profit corporation, partnership, or limited liability company to complete the form prior to submitting it with the response shall result in rejection of the response.

14) **Disclosure of Prohibited Activities in Russia and Belarus**
Form:
https://www.state.nj.us/treasury/administration/pdf/DisclosureofProhibitedActivitesinRussiaBelarus.pdf

15) **Source Disclosure Form** (Disclosure of Source Location of Services Performed Outside the United States)
Form:
http://www.state.nj.us/treasury/purchase/forms/SourceDisclosureCertification.pdf

16) **System for Award Management (SAM)** - Submit a printout showing the Unique Entity Identification Number, active status, and the expiration date. Available free of charge.
Website: https://sam.gov/content/home
Helpline:1-866-606-8220

17) **Certificate of Incorporation**
Website: https://www.nj.gov/treasury/revenue

18) **Notice of Standard Contract Requirements, Processes, and Policies** - Sign and date as the provider.
Form: Notice.of.Standard.Contract.Requirements.pdf (nj.gov)

19) **Organizational Chart of Respondent** - Ensure chart includes the agency name, current date, and the allocation of personnel among each of the agency's DCF programs with their position titles and names.

20) **Chapter 271/Vendor Certification and Political Contribution Disclosure**
[2006 Federal Accountability & Transparency Act (FFATA)]
Form:https://www.nj.gov/treasury/purchase/forms/CertandDisc2706.pdf

21) **Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child standards** - A brief description (no more than two (2) pages double spaced) of the ways in which respondent's operations (policies and/or practices) mirror these standards. The document should include the agency name & current date. The Standards are available at: "Sexual Abuse Safe-Child Standards" (state.nj.us)

22) **Standard Language Document (SLD)** (or Individual Provider Agreement or Department Agreement with another State Entity as designated by DCF.)
Sign and date **ONE** of the three documents below as the provider.

SLD Form: DCF Standard Language Document
-OR-
Individual Provider Agreement: DCF Individual Provider Agreement for Services
-OR-
State Entity Agreement: DCF Agreement with a Contracted State Entity

23) **Tax Exempt Organization Certificate (ST-5)** -or- **IRS Determination Letter 501(c)(3)**
Website: https://www.nj.gov/treasury/taxation/exemptintro.shtml

24) **Tax Forms**: Submit a copy of the most recent full tax return.
- **Non-Profit:** Form 990 Return of Organization Exempt from Income Tax -or-
- **For Profit:** Form 1120 US Corporation Income Tax Return -or-
- **LLCs:** Applicable Tax Form and must delete/redact any SSN or personal identifying information

Note: Store subsequent tax returns on site for submission to DCF upon request.

25) **Trauma Informed and Cultural Inclusivity Practices** - Submit written policies describing the incorporation of these practices into your provision of services. See Office of Resilience for guidance and tools on trauma informed practices.

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

Submit all the documents described in this Subsection as a single PDF document. This will be the third PDF submission in your response and must be labeled: **PDF 3.**

1) **Price Quotes and Signed Attestation for Furniture Quality and Conformity.** An itemized description must be submitted for each item to be provided from the Priority 1 and Priority 2 Item lists. Proposal price sheets are to be **presented in Excel format using the form linked here**.

The first tab of the Excel table, labeled “Items and Prices,” includes the following fields: item, type (if applicable, e.g., mattress only, twin), manufacturer, brand name, model, item #, warranty period, and price.

Please note that DCF is a tax-exempt entity; therefore, price quotes may not include taxes.

The second tab of the Excel table, labeled “Attestation,” includes an Attestation for Furniture Quality and Conformity that must be signed.

2) Description of applicable warranty policies for each piece of furniture or equipment included in the vendor’s proposed list of items/merchandise to be provided.

3) Description of the vendor’s return policy and replacement policy.

4) (Optional) For illustrative purposes, photos of items are welcomed.

Section IV - Response Screening and Review Process

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

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

1) The response was received prior to the stated deadline.

2) The Statement of Acceptance is signed by the person with the necessary authority to execute the agreement.

3) The response is complete in its entirety, including all documents requested to be submitted in support of the response listed in Section III. A. and the organizational documents prerequisite to a contract award listed in Section III. B. If any of these documents are missing from the response, DCF may provide an email notice to the respondent after the response is submitted. Respondents will have up to five business days after notice from DCF to provide the missing documentation, except those documents, such as the Ownership Disclosure Form, required by the applicable law to be submitted with the response. If the documents are not then timely submitted in response to that notice, the response may be rejected as non-responsive.

4) The response conforms to the specifications set forth in the RFQ.

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

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

B. Response Review Process

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

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

A response to an RFQ may result in a contract award if the Evaluation Committee concludes the respondent will comply with all requirements as demonstrated by submitting the specified documentation and signing the Statement of Acceptance. All respondents are required to provide all the requested documentation and to confirm their ability to meet or exceed all the compulsory requirements, to provide services consistent with the scope of services delineated, and to comply with all the service implementation and payment processes described.

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

C. Appeals

An appeal of a determination to reject a response as incomplete or unresponsive may be considered only to dispute whether the facts of a particular case are sufficient to meet the requirements for rejection and not to dispute the existence of any of the requirements.

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

Pursuant to DCF policy P1.08, such appeals must be submitted in writing within ten business days following the date on the Notice of Disqualification or Notice

of Regret letter by emailing it to DCF.AHUAppeals@dcf.nj.gov and/or mailing it to:

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

Section V - Post Award Requirements

A. General Conditions of Contract Execution:

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

An awarded respondent shall be required to comply with the terms and conditions of DCFs' contracting rules, regulations, and policies as set forth in the Standard Language Document, the Notice of Standard DCF Contract Requirements, the Contract Reimbursement Manual, and the Contract Policy and Information Manual. Awarded respondents may review these items via the Internet at: www.nj.gov/dcf/providers/contracting/manuals https://www.state.nj.us/dcf/providers/contracting/forms/.
Awarded respondents also shall comply with all applicable State and Federal laws and statutes, assurances, certifications, and regulations regarding funding.

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

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

Post-Award Documents Prerequisite to the Execution of All Contracts

1) **Acknowledgement of Receipt** of NJ State Policy and Procedures:
   Return the receipt to DCF Office of EEO/AA.
   Form:https://www.nj.gov/dcf/documents/contract/forms/DiscriminationAcknowReceipt.pdf
   Policy:https://www.nj.gov/dcf/documents/contract/forms/AntiDiscriminationPolicy.pdf

2) **Annual Report to Secretary of State** proof of filing.
   Website: https://www.njportal.com/dor/annualreports

3) **Attestation Form for N.J.S.A. 30:1-1.2b** - Complete, sign and date as the provider.
   Form: https://www.nj.gov/dcf/providers/contracting/forms/Attestation-of-DCF-Contractors-Required-by-N.J.S.A.-301-1.2b.pdf
   Note: Read each statement carefully and do not check all options. Pay attention to the 'or-either-and' statements. A signature and date are required.

4) **Employee Fidelity Bond Certificate (**commercial blanket bond - crime/theft/dishonest acts)

   Bond must be at least 15% of the full dollar amount of all NJ State contracts for the current year when the combined dollar amount exceeds $50,000. The $50,000 threshold includes fee-for-service reimbursements made via NJ FamilyCare/Medicaid If not applicable, respondent must submit a signed/dated written statement on agency letterhead stating they will not exceed $50,000 in combined NJ State contracts for the current year.

   Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
   Policy:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

5) **Liability Insurance** (Declaration Page/Malpractice Insurance/Automobile Liability Insurance)
   Important: Policy must show:
   a. DCF as the certificate holder – NJDCF 50 E State Street, Floor 3, P.O. Box 717, Trenton, NJ 08625
   b. Language Stating DCF is "an additional insured"
   c. Commercial Liability Minimum Limits of $1,000,000 an occurrence, $3,000,000 aggregate
   d. Commercial Automobile Liability Insurance written to cover cars, vans or trucks, limits of liability for bodily injury and property damage should not be less than $2,000,000/occurrence.

Email To: OfficeOfContractAdministration@dcf.nj.gov and copy your contract administrator
Policy:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p8_insurance.pdf

6) Document showing **NJSTART Vendor ID Number** (NJ's eProcurement System) Website: https://www.njstart.gov/ Helpline: 609-341-3500 or - njstart@treas.nj.gov

6) **Standardized Board Resolution Form**
Form:https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p1_board.pdf

7) **Program Organizational Chart**
Should include agency name & current date

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

1) **Annex A** – Sections 1.1, 1.3 (& 2.4 if not a CSOC OOH Contract).
Note: Contract Administrators will provide any Annex A forms customized for programs when they are not available on the DCF public website.
Website: https://www.nj.gov/dcf/providers/contracting/forms

2) **Annex B Budget Form** – Include Signed Cover Sheet
Form: https://www.nj.gov/dcf/documents/contract/forms/AnnexB.xls
Note: The Annex B Expense Summary Form is auto populated. Begin data input on Personnel Detail Tab.
Website: https://www.nj.gov/dcf/providers/contracting/forms

3) **Certification Regarding Exemptions**
Website: https://www.nj.gov/dcf/providers/contracting/forms

4) **Certification Regarding Reporting**
Website: https://www.nj.gov/dcf/providers/contracting/forms

5) **Equipment Inventory** (of items purchased with DCF funds) Policy:
https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p4_equipment.pdf

6) **Schedule of Estimated Claims** (SEC) - signed
Form: Provided by contract administrator when applicable.

7) **Subcontracts/Consultant Agreements/ Memorandum of Understanding** related to this contract for DCF review and approval.

C. Reporting Requirements for Awarded Respondents

Awarded respondents are required to produce the following reports in accordance with the criteria set forth below, in addition to the reporting requirements specified above in this RFQ related to the delivery and success of the program services.

1) **Audit** or **Financial Statement** (Certified by accountant or accounting firm.) A copy of the Audit must be submitted to DCF by all agencies expending over $100,000 in combined federal/state awards/contracts if cognizant with any department of the State of NJ. As noted in the Audit DCF Policy CON -I-A-7-7.6.2007 Audit Requirements, section 3.13 of the Standard Language Document, DCF also may request at any time in its sole discretion an audit/financial statement from agencies expending under $100,000 that are not cognizant with any department of the State of NJ. Note: Document should include copies of worksheets used to reconcile the department's Report of Expenditures (ROE) to the audited financial statements. (DCF Policy CON -I-A-7-7.6.2007 Audit Requirements)

   Awarded respondents are to submit the most recent audit or financial statement with the initial contract and then each subsequent one within 9 months of the end of each fiscal year.

   Policy:
   https://www.nj.gov/dcf/documents/contract/manuals/CPIM_p7_audit.pdf

3) Photocopies of Licensed Public Accountant firm's **license to practice**, and most recent **external quality control review** to be submitted with the NPLA.

4) **Reports of Expenditures (ROE)**:
   A. Scheduled Payments Contract Component: A quarterly ROE is to be submitted during the contract year 15 calendar days after the end of each fiscal quarter, and a Final ROE is to be submitted 120 calendar days after the end of the fiscal year. Alternatively, an ROE is to be submitted in accordance with any separate DCF directive to file ROEs at other intervals for specific contracted programs.

   The format for the ROE must match that of the Annex B budget form.
   Form: https://nj.gov/dcf/providers/contracting/forms/

   Note: An ROE must be prepared in accordance with the governing cost principles set forth in the DCF Contract Reimbursement Manual (CRM Section 6). Microsoft Word - SECTION 6 - Expenditure Reporting.doc (nj.gov)

B. Fee for Service Contract Component: Not Required.

5) **Level of Service (LOS) Reports**
Enter the cited DCF Standard Template Form for each month the number of youth, adults, and families served and ages of those receiving services, and the hours/days, county locations, etc. of those services, or record this data into another form, survey, or database that DCF agrees can serve to track LOS for the contracted program.
Website: https://www.nj.gov/dcf/providers/contracting/forms/

6) **Significant Events Reporting:**
Timely reports as events occur to include, but not be limited to, changes to: (1) Organizational Structure or Name [DCF.P1.09-2007]; (2) Executive and/or Program Leadership; (3) Names, titles, terms and addresses, of the Board of Directors; (4) Clinical Staff; (5) Subcontract/consultant agreements and the development or execution of new ones; (6) a FEIN; (7) Corporate Address; (8) Program Closures; (9) Program Site locations; (10) Site Accreditations (TJC,COA,CARF); (11) the contents of the submitted Standard Board Resolution Form; (12) Debarment and SAM status; and (13) the existence and status of Corrective Action Plans, Audits or Reviews by DCF (inclusive of DCF Licensing, Divisions and Offices) or other State entities.

Note: Awarded respondents are under a continuing obligation, through the completion of any contract with the State of NJ, to renew expired forms filed with the NJ Department of the Treasury and to notify Treasury in writing of any changes to the information initially entered on these forms regarding: Investment Activities in Iran as per P.L. 2012, C.25; Investment Activities in Russia or Belarus as per P.L. P.L.2022, c.3; Disclosures of Investigations of the Vendor; Ownership Disclosure if for profit; Service Location Source Disclosure as per P. L. 2005, C.92; Political Contribution Disclosure as per P.L. 2005, C.271; and Report of Charitable Organizations.
Policy:
https://nj.gov/dcf/documents/contract/manuals/CPIM_p1_events.pdf
Website:
https://www.state.nj.us/treasury/purchase/forms.shtml

D. Requirements for Awarded Respondents to Store Their Own Organizational Documents on Site to be Submitted to DCF Only Upon Request

1) Affirmative Action Policy/Plan

2) Copy of Most Recently Approved Board Minutes

3) Books, documents, papers, and records which are directly pertinent to this contract for the purpose of making audits, examinations, excerpts, and transcriptions, and to be produced for DCF upon request.

4) Personnel Manual & Employee Handbook (include staff job descriptions)

5) Awarded Respondent's Procurement Policy