

County of Somerset New Jersey

PO Box 3000
COUNTY ADMINISTRATION BUILDING
SOMERVILLE, NJ 08876-1262

PURCHASING DIVISION
MELISSA A. KOSENSKY, QPA, CCPO, RPPO
Purchasing Agent



PHONE: 908-231-7043
FAX: 908-575-3917

NOTICE OF RFP

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

Sealed RFP responses will be received by the Purchasing Agent on **July 7, 2023 at 3:00 P.M.** in the Purchasing Division, County Administration Building, 20 Grove Street, Somerville, New Jersey 08876 at which time and place responses will be opened and read for:

PREVENTION PROGRAM FOR SOMERSET COUNTY YOUTH CONTRACT #: CY-COM-0089-23S

We value the integrity of the procurement process, and in full transparency, the RFP opening will be conducted via Live-Stream from the County Commissioners Meeting room. You can access the Live-Stream from the County's homepage at the prevailing date and time stated in this Notice of RFP. During the RFP opening process, the respondents will be announced as well as RFP amounts.

RFP responses must be made on the standard proposal forms, be enclosed in a sealed package bearing the name and address of the respondent and the **"RFP TITLE NAME & CONTRACT #"** on the outside, addressed to Melissa A. Kosensky, Purchasing Agent, at the address above.

Specifications and instructions may be obtained at the Purchasing Office or on the County Website, www.co.somerset.nj.us.

Any RFP Addenda will be issued on the website and processed in accordance with N.J.S.A. 40A:11-23(c)(1). All interested respondents should check the website from now through RFP opening. It is the sole responsibility of the respondent to be knowledgeable of all addenda related to this procurement.

Respondents are required to comply with the requirements of N.J.S.A 10:5-31 et seq. and N.J.A.C 17:27 et seq.

Melissa A. Kosensky, QPA, CCPO, RPPO
Purchasing Agent
Legal Publication Date: June 14, 2023

1. Introduction

The 2023 Juvenile Justice Commission State/Community Partnership grant, totaling \$60,479.00, is available to purchase programs and services that address the priorities as indicated by the Somerset County Youth Services Commission in its 2021-2023 triennial Juvenile Justice Commission Youth Services Comprehensive Plan and subsequent annual updates. Program description is included in the scope of work section in the RFP package.

The NJ Juvenile Justice Commission has been authorized to administer the New Jersey State/Community Partnership funds through the County Youth Services Commissions as mandated in N.J.S.A. 52:17B-179. The Partnership Program recognizes that reform of the juvenile justice system involves a collaborative effort between the State and its local communities. The Partnership was established to encourage the development of sanctions and services for juveniles and delinquency prevention programs; increase the range of sanctions and services to youth adjudicated delinquent; reduce overcrowding in the state juvenile institutions and county detention facilities; improve access by minority and female offenders to community-based sanctions and services; expand delinquency prevention programs; and promote public safety by reducing recidivism. The Partnership Program supports the facilities, sanctions and services for juveniles adjudicated or charged as delinquent and delinquency prevention programs through the award of grants allocated to County Youth Services Commissions.

The County Youth Services Commission administers the State/Community Partnership grant programs at the county level by using the Comprehensive Youth Services Plan as a foundation and makes recommendations to the Board of Commissioners for the expenditure of funds for services for youth, finds creative means to address youth priorities in such areas as delinquency, substance use and truancy, provides input into other county plans for children's services, monitors the effectiveness of programs for youth and examines the continuum of care for our county's young people insuring that they will have available to them the resources they need to become healthy and productive citizens.

The Contract is to provide the following services to Somerset County youth who are at risk of becoming involved with the juvenile justice system.

The Youth Services Commission is seeking proposals that demonstrate primary or secondary prevention programming to prevent youth from engaging in delinquent or anti-social behaviors that could ultimately result in court involvement. Prevention programs should be geared for Somerset County youth ages 10 to 17 who are experiencing risky behaviors leading to substance use, poor school attendance and/or performance, or exhibiting maladaptive behaviors that put them at risk of interaction with law enforcement, and/or have a history of acting out in the community. A full description of the program is listed in the Scope of Work, Section 3.1

There are no extensions for this contract as the funding for the State/Community Partnership grant ceases on December 31, 2023. There will be no extensions given into 2024 and it is expected the program end will be at the end of CY 2023. Program priorities and descriptions are outlined in Section 3 – Scope of Work of the RFP document, along with a checklist to assist in the preparation of your response.

Agency Eligibility

Non-profit organizations which possess a 501 (C) 3 designation from the Internal Revenue Service and are registered as a charity with the New Jersey Charitable Registration are eligible to apply for this above-stated category of funding. Additionally, proposals from municipal recreational departments and public school entities will also be considered.

2. Administrative Conditions and Requirements

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

2.1 Schedule

The dates established for respondent proposals, proposal review, contractor selection and project initiation are:

- | | |
|----------------------------------------------|---------------------------|
| 1. Release of RFP | June 14, 2023 |
| 2. Proposal Due Date | July 7, 2023 at 3:00 P.M. |
| 3. Evaluation Completed | July 2023 |
| 4. Youth Services Commission Meeting | July 25, 2023 |
| 5. Governing Body Action | August 8, 2023 |
| 6. Contract Execution and Project Initiation | August 15, 2023 |

2.2 Proposal Submission Information

Submission Date and Time:

July 7, 2023 at 3:00 P.M.

One (1) Original **signed in ink** & three (3) copies and one (1) copy on CD or USB Flash Drive .pdf format of the RFP response. The owner is storing all responses electronically; therefore submit **all pages** of the RFP response on a CD or USB Flash Drive in addition to the printed three (3) copies.

Three (3) ring binders or elaborate binding is unnecessary.

Submission Office:

Office of the Purchasing Agent
Administration Building – 3rd Floor
20 Grove Street
Somerville, NJ 08876

Clearly mark the submittal package with the title of this RFP and the name of the responding firm, addressed to the Purchasing Agent. The original proposal shall be **signed in ink** and marked to distinguish it from the three (3) copies. **Faxed or emailed proposals will NOT be accepted.**

The County disclaims any responsibility for proposals received late by regular or express mail. If the proposal is sent by express mail service, the designation must appear on the outside of the express mail envelope. Proposals received after the designated time and date will be returned unopened (no exceptions).

Only those RFP responses received prior to or on the submission date and time will be considered. Responses delivered before the submission date and time specified above may be withdrawn upon written application of the respondent who shall be required to produce evidence showing that the individual is or represents the principal or principals involved in the proposal. After the submission date and time specified above, responses must remain firm for a period of sixty (60) days.

2.3 Using Department Information

Somerset County Department of Human Services
Office of Youth Services
27 Warren Street
Somerville, NJ 08876

2.4 County Representative for this Solicitation

Please direct all questions in writing to:

Melissa A. Kosensky, QPA, CCPO, RPPO

Purchasing Agent

Voice: 908-231-7043

Fax: 908 575-3917

Email: PurchasingDiv@co.somerset.nj.us

Questions by prospective respondents concerning this RFP may be addressed to Melissa A. Kosensky, QPA, CCPO, RPPO, Purchasing Agent for the County of Somerset in writing via fax at 908-575-3917 or by email: PurchasingDiv@co.somerset.nj.us. Please note the aforementioned contact is authorized only to direct the attention of prospective respondents to various portions of the requirements so that they may read and interpret each portion for themselves. **NO** employee of the County of Somerset is authorized to give interpretations of any portion of this RFP or to give information as to the requirements for the RFP in addition to that already contained in the RFP unless as a formal addenda.

Interpretations of the RFP or additional information as to its requirements, when necessary, shall be communicated to prospective respondents **only** by written addendum issued by the Purchasing Agent of the County of Somerset.

Please identify the contract name, number and note Request for Information as the subject line when submitting a request by fax or email.

2.5 Interpretations and Addenda

- A. The respondent understands and agrees that its proposal is submitted on the basis of the specifications prepared by the County. The respondent accepts the obligation to become familiar with these specifications.
- B. Respondents are expected to examine the specifications and related documents with care and observe all their requirements. Ambiguities, errors or omissions noted by respondent should be promptly reported in writing to the Purchasing Agent. In the event the respondent fails to notify the County of such ambiguities, errors or omissions, the respondent shall be bound by the proposal.
- C. No oral interpretation of the meaning of the specifications will be made to any potential respondent. Every request for an interpretation shall be in writing, addressed to the Purchasing Agent, referencing the Contract Name and Contract Number in the subject line, at PurchasingDiv@co.somerset.nj.us. In order to be given consideration, written requests for interpretation and or clarification must be received at last three (3) business days prior to the date fixed for the opening of the proposals.
- D. All interpretations, clarifications and any supplemental instructions will be in the form of written addenda to the specifications, and will be distributed to all prospective bidders. All addenda so issued shall become part of the specification and RFP documents, and shall be acknowledged by the respondent by completing the Acknowledgement of Receipt of Addenda form. The County's interpretations or corrections thereof shall be final.

Pursuant to N.J.S.A. 40A:11-23(c)(1) when issuing addenda, the owner shall provide required notice prior to official receipt of proposals to any person who has submitted a response or who has received a RFP package. They will be sent via electronic transmissions to those known recipients of the RFP specifications.

- E. Discrepancies in RFP's
 1. If the amount shown in words and its equivalent figures do not agree, the written words shall be binding. Ditto marks are not considered writing or printing and shall not be used.

2. In the event that there is a discrepancy between the unit prices and the extended totals, the unit price shall prevail. In the event there is an error of the summation of the extended totals, the computation by the County of the extended totals shall govern.

2.6 Quantities of Estimate

Wherever the estimated quantities of work to be done are shown in any section of this RFP, including the Proposal Cost Form, they are given for use in comparing proposals. The owner especially reserves the right (except as herein otherwise specifically limited) to increase or diminish the quantities as may be deemed reasonably necessary or desirable by the owner to complete the work detailed by the contract. Such increase or diminution shall in no way violate this contract, nor shall any such increase or diminution give cause for claims or liability for damages.

2.7 Cost Liability and Additional Costs

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

Respondents will assume responsibility for all costs not stated in their proposals. All unit rates either stated in the proposal or used as a basis for its pricing are required to be all-inclusive. Additional charges, unless incurred for additional work performed by request of the owner as noted in 2.6, are not to be billed and will not be paid.

2.8 Statutory and Other Requirements

2.8.1 Compliance with Laws

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

2.8.2 Mandatory EEO/Affirmative Action Compliance - N.J.S.A 10:5-31 et seq. and N.J.A.C 17:27 et seq.

No firm may be issued a contract unless it complies with the affirmative action provisions of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27-1 et seq. as administered by the Division of Purchase & Property Contract Compliance and Audit Unit (Division) and provided below. The contract will include the language included as attachment A in this specification.

1. Goods, Professional Services and Service Contracts

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

- i. A Letter of Federal Approval indicating that the vendor is under an existing federally approved or sanctioned affirmative action program. A copy of the letter must be provided by the vendor to the Public Agency and Division. This approval letter is valid for one year from the date of issuance.
- ii. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27 et seq. The vendor must provide a copy of the Certificate to the Public Agency as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division

- iii. The successful respondent shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with a check or money order for \$150.00 made payable to "Treasurer, State of New Jersey" www.state.nj.us/treasury/contract_compliance

The form shall be properly executed.

2.8.3 New Jersey Anti-Discrimination – N.J.S.A. 10:2-1

There shall be no discrimination against any employee engaged in the work required to produce the goods and services covered by any contract resulting from this bid, or against any applicant to such employment because of race, religion, sex, national origin, creed, color, ancestry, age, marital status, affectional or sexual orientation, familial status, liability for service in the Armed Forces of the United States, or nationality. This provision shall include, but not be limited to the following: employment upgrading, demotion, transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

2.8.4 Americans with Disabilities Act of 1990 - 42 U.S.C. S121 01 et seq.

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

2.8.5 Ownership Disclosure - N.J.S.A. 52:25-24.2 (P.L. 1977 c.33)

In accordance with N.J.S.A. 52:25-24.2, no corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship, shall be awarded a contract, unless prior to the receipt of the RFP response/bid or accompanying the RFP response/bid of the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, subchapter S corporation or sole proprietorship, there is submitted to the County a statement setting forth the names and addresses of all stockholders who own 10% or more of the stock, of any class or of all individual partners who own a 10% or greater interest in the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder and individual partner, exceeding the 10% ownership criteria established in this act has been listed. The form shall be signed and submitted with the RFP proposal/bid whether or not a stockholder or partner owns less than 10% of the business submitting the RFP proposal/bid. Failure to comply requires mandatory rejection of the RFP proposal/bid. The Respondent shall complete and submit the form of statement that is included in this RFP.

2.8.6 Non-Collusion Affidavit - N.J.S.A. 52:34-15

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

2.8.7 Proof of N.J. Business Registration Certificate N.J.S.A. 52:32-44

Pursuant to N.J.S.A. 52:32-44, Somerset County ("Contracting Agency") is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Contracting Agency with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or proposal shall provide proof of business registration to the bidder, who in turn, shall provide it to the Contracting Agency prior to the time of contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

- (1) The contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
- (2) The contractor shall maintain and submit to the Contracting Agency a list of subcontractors and their addresses that may be updated from time to time.
- (3) The contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered in the State. Any questions in this regard can be directed to the Division of Taxation at (609) 292-6400. Form NJ-REG can be filed online at www.state.nj.us/treasury/revenue/busregcert.shtml.

Before final payment is made under the contract, the contractor shall submit to the Contracting Agency a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25.00 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

Emergency Purchases or Contracts

For purchases of an emergent nature, the contractor shall provide its Business Registration Certificate within two weeks from the date of purchase or execution of the contract or prior to payment for goods or services, whichever is earlier.

2.8.8 Pay to Play – Notice of Disclosure Requirement

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

2.8.9 Assign, Sublet or Transfer Any Rights/Interests

Neither the owner nor the Contractor shall assign, sublet, or transfer any rights or interest in this Agreement without the prior written consent of the other party. Unless specifically stated to the contrary, in writing, prior to an assignment, no assignment will release or discharge the assignor from any duty or responsibility under this Agreement. Nothing herein shall be construed to give any rights or benefits to anyone other than the owner and the Contractor.

2.8.10 Insurance and Indemnification

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

The contractor shall maintain sufficient insurance to protect against all claims under Workers Compensation, General Liability and Automobile and shall be subject to approval for adequacy of protection and certificates of such insurance shall be provided.

Indemnification

The contractor agrees to indemnify and save harmless the owner, its officers, agents and employees, hereinafter referred to as indemnitees, from all suits, including attorney's fees and costs of litigation, actions, loss damage, expense, cost of claims, of any character or on account of any act, claim or amount arising or recovered under Worker's Compensation law, or arising out of failure of the Contractor or those acting under Contractor to conform to any statutes, ordinances, regulations, law or court decree. It is the intent of the parties to this contract that the indemnities shall, in all instances, except for loss or damage resulting from the sole negligence of the indemnitee, be indemnified against all liability, loss or damage of any nature whatsoever.

Insurance Requirements:

Worker's Compensation and Employer's Liability Insurance

This insurance shall be maintained in full force during the life of this contract by the contractor covering all employees engaged in performance of this contract pursuant to N.J.S.A. 34:15-12(a) and N.J.A.C. 12:235-1.6. Minimum Employer's Liability \$1,000,000.00.

General Liability Insurance

This insurance shall have limits of not less than \$3,000,000.00 any one person and \$3,000,000.00 any one accident for bodily injury and \$3,000,000.00 aggregate for property damage, and shall be maintained in force during the life of the contract.

Automobile Liability Insurance

This insurance covering contractor for claims arising from owned, hired and non-owned vehicles with limits of not less than \$3,000,000.00 any one person and \$3,000,000.00 any one accident for bodily injury and \$3,000,000.00 each accident for property damage, shall be maintained in force during the life of this contract by the contractor.

Professional Liability/Malpractice Insurance Policy (if applicable)

Coverage in the amount of \$2,000,000.00/occurrence, \$4,000,000.00 aggregate and assurance that each such policy for each staff member remains full and in effect while providing services for owner.

The contractor shall provide the owner with a Certificate of Insurance naming the County of Somerset as additionally insured, evidencing the existence of required insurance prior to the commission of work. Said insurance must include coverage for complete operations, contractual insurance and independent contractor or subcontractor insurance, where and if applicable.

Errors and Omissions Insurance

- A. The contractor shall purchase and maintain during the entire period of this contract, errors and omissions insurance that shall protect the contractor and the County from any and all claims that may arise out of or result from the contractor's performance of this contract. Specifically, the errors and omissions insurance shall have limits of not less than \$2,000,000.00 dollars per occurrence and \$4,000,000.00 dollars in the aggregate.
- B. Certificates of the Required Insurance
Certificates as listed above shall be submitted along with the contract as evidence covering Errors and Omissions insurance. Such coverage shall be with acceptable insurance companies operating on an admitted basis in the State of New Jersey.

The contractor shall provide the County with a Certificate of Insurance naming the County, its employees, officers, and agents as additionally insured, and evidencing the existence of required insurance prior to the commission of work.

Somerset County will not accept Mutual Limitation of Liability terms.

2.8.11 Health Insurance Portability and Accountability Act of 1996 - HIPAA (If Applicable)

Both parties agree to comply with all requirements of the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as maybe amended from time to time, and the corresponding HIPAA regulations for the confidentiality and security of medical information.

The Contractor shall:

- Not use or disclose protected health information other than as permitted or required by law
- Use appropriate safeguards to protect the confidentiality of the information
- Report any use or disclosure not permitted

The contractor, by execution of the contract, shall thereby indemnify and hold the owner harmless from any and all liabilities, claims, actions, costs and penalties which may be incurred as the result of the failure of the contractor to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA) or any other statute or case law protecting the privacy of persons using its services.

2.8.12 Proof of Licensure

Proof of licensure for providing Services in the State of New Jersey, for either the firm or the person responsible for the work, shall be provided as required.

2.8.13 Disclosure of Investment Activities in Iran – P.L. 2012, c.25 and Prohibited Activities in Russia and Belarus – P.L. 2022, c. 3

P.L. 2012, c.25 prohibits State and local public contracts with persons or entities engaging in certain investment activities in energy or finance sectors of Iran. P.L. 2022, c.3 prohibits the award, renewal, amendment, or extension of State and local public contracts for goods or services with persons or entities engaging in prohibited activities in Russia or Belarus. Respondents must indicate if they comply with the law by certifying the form. Pursuant to N.J.S.A. 40A:11-2.1 the County is required to notify the New Jersey Attorney General if it determines a false certification has been submitted.

2.8.14 Prompt Payment – Goods & Services– P.L. 2019, C.127 (LFN 2019-02 1/23/19)

P.L. 2018, c. 127 establishes a prompt payment requirement that applies to goods and services contracts a contracting unit awards to a "business concern" under the Local Public Contracts Law (LPCL). The law applies to all goods and services contracts awarded on or after February 1, 2019 (the law's effective date) regardless of dollar amount and any contracts requiring either a single payment or multiple payments. The law does not change the prompt payment requirements for improvements to real property and structures as set forth in N.J.S.A. 2A:30A-1 et seq. and described in LFN 2006-21. The law defines "Business Concern" as any person engaged in a trade or business, including a private nonprofit entity operating as an independent contractor, providing goods and services directly to a contracting unit or to a designated third party and operating pursuant to a contract with a contracting unit which requires either a single payment or multiple payments, but shall not include a "public utility" as defined in N.J.S.A. 48:2.13.

2.9 Public Emergency

In the event of a Public Emergency declared at the Local, State or Federal Level, if the owner opts to extend terms and conditions of this RFP, the contractor agrees to extend the terms and conditions of this RFP, whether existing, expiring or expired no longer than six months, for goods and/or services for the duration of the emergency. In the event the original contractor cannot meet this requirement, the owner may solicit the goods and/or services from any bidder on this contract.

2.10 Multiple Proposals Not Accepted

More than one proposal from an individual, a firm or partnership, a corporation or association under the same or different names shall not be considered.

2.11 Subcontractors

The owner will consider the primary contractor to be the sole point of contact with regard to contract matters. The primary contractor will be required to assume sole responsibility for delivery of all services.

2.11.1 Use of Sub-consultants

Respondent may find it advantageous to include sub-consultants in their proposal. Such an arrangement is acceptable provided that the relationship between firms is clearly defined and the method of maintaining proper project management and oversight is described within the proposal. The use of sub-consultants is left to the discretion of respondent, provided that the criteria of adequate capability in all areas of the scope of work is met. Any sub-consultants must be identified in the same manner as the primary consultant.

2.12 Failure to Enter Contract

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

2.13 Commencement of Work

The contractor agrees to commence work after the date of award by the owner and upon notice from the using department.

2.14 Time of Completion

It is hereby understood and mutually agreed, by and between the respondent and the owner, that the date on which the work shall be substantially complete as specified in the RFP is an essential condition of this contract. It is further mutually understood and agreed that the work and contract time embraced in this Contract shall commence on the date specified and that the resulting contract shall be completed in sequence and time frames identified by the owner.

The respondent agrees that said services shall be processed regularly, diligently, and uninterruptedly at such rate of progress as will ensure full completion thereof within the time specified. It is expressly understood and agreed, by and between the respondent and the owner, that the time of completion of the services described herein is a reasonable time for the completion of it.

2.15 Termination of Contract

If, through any cause, the contractor shall fail to fulfill in a timely and proper manner obligations under the Contract or if the contractor violates any requirements of the Contract, the owner shall thereupon have the right to terminate the Contract by giving written notice to the contractor of such termination at least thirty (30) days prior to the proposed effective date of the termination. Such termination shall relieve the owner of any obligation for the balances to the contractor of any sum or sums set forth in the Contract.

The contractor agrees to indemnify and hold the owner harmless from any liability to subcontractors/suppliers concerning payment for work performed or goods supplied arising out of the lawful termination of the Contract by the owner under this provision.

In case of default by the contractor, the owner may procure the articles or services from other sources and hold the contractor responsible for any excess cost occasioned thereby.

2.16 Non-Allocation of Funding Termination

Each fiscal year payment obligation of the Owner is conditioned upon the availability of Owner funds appropriated or allocated for the payment of such an obligation. If funds are not allocated and available for the continuance of any services performed by the Contractor hereunder, whether in whole or in part,

the Owner at the end of any particular fiscal year may terminate such services. The Owner will notify the Contractor in writing immediately of any services that will be affected by a shortage of appropriated funds. This provision shall not be construed so as to permit the Owner to terminate this Agreement during the term, or any service hereunder, merely in order to acquire identical services from a third-party contractor.

2.17 Force Majeure

Neither party shall be responsible for any resulting loss or obligation to fulfill duties as specified in any of the terms or provisions of this Agreement if the fulfillment of any term or provision of this Agreement is delayed or prevented by any revolutions, insurrections, riots, wars, acts of enemies, national emergencies, strikes, floods, fires, acts of God, or by any cause not within the control of the party whose performance is interfered with which by the exercise of reasonable diligence such party is unable to prevent. Additionally, if the fulfillment of any of the terms and provisions of this Agreement is delayed or prevented by any court order, or action or injunction or other such agreement, this Agreement shall become voidable by the County of Somerset by notice to each party.

2.18 The owner and the Contractor each bind themselves and their successors, executors, administrators, heirs and assigns and legal representatives of the other party respecting all covenants and agreements and obligations of this contract.

2.19 The terms of this contract shall be construed and interpreted, and all respective rights and duties of the parties shall be governed by the laws of the State of New Jersey.

2.20 Challenge of Specifications

Any respondent who wishes to challenge a specification shall file such challenge in writing with the Purchasing Agent no less than three (3) business days prior to the opening of the RFP's.

Challenges filed after that time shall be considered void and having no impact on the owner or the award of contract.

2.21 Payment

Invoices shall be submitted monthly and must specify, in detail, the period for which payment is claimed, the services performed during the prescribed period, the amount claimed and correlation between the services claimed, all backup documentation (mileage, time logs, receipts for expenses, etc.), amount remaining in total balance, and the Proposal Cost Form.

Somerset County will provide a sample Progress Report and Invoice for the Hired Consultant to ensure compliance.

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

- 1 Deliverables not complying with the project specification;
- 2 Claims filed or responsible evidence indicating probability of filing claims;
- 3 A reasonable doubt that the Contract can be completed for the balance then unpaid.

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

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

2.22 Non-payment of Penalties and Interest on Overdue Bills

Public funds may be used to pay only for goods delivered or services rendered. Somerset County will not pay penalties and/or interest on overdue bills. No employee is authorized to sign a letter of credit or any other document that represents a legal commitment on the part of the County to pay additional fees.

2.23 Ownership of Material

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

Ownership of all data, materials and documentation originated and prepared for the owner pursuant to this contract shall belong exclusively to the owner. All data, reports, computerized information, programs and materials related to this project shall be delivered to and become the property of the owner upon completion of the project. The contractor shall not have the right to use, sell, or disclose the total of the interim or final work products, or make available to third parties, without the prior written consent of the owner. All information supplied to the owner may be required to be supplied on CD-ROM/USB flash drive media compatible with the owner's computer operating system windows based, Microsoft Office 2010.

Under state and federal statutes, certain government records are protected from public disclosure. The County, the Contractor and any Subcontractors have a responsibility and an obligation to safeguard from public access an employee's personal information with which it has been entrusted when disclosure thereof would violate the employee's reasonable expectation of privacy. All payroll, personnel and health insurance related files are confidential. Additionally, the Contractor and any Subcontractors may be privy to sensitive law enforcement information or investigations during their review which must remain confidential. The County reserves the right to make any public disclosure under the law. Also, among government records deemed confidential are administrative or technical information regarding computer hardware, software and networks that, if disclosed, would jeopardize computer security. The Contractor and any Subcontractor(s) are prohibited from the sale or distribution of all supplied information to any third party.

2.24 Source of Specifications/RFP Packages

Official County Request for Proposal (RFP) packages for routine goods and services are available from www.co.somerset.nj.us at no cost to the prospective respondents. All addenda are posted on this site. Potential respondents are cautioned that they are responding at their own risk if a third party supplied the specifications that may or may not be complete. The County is not responsible for third party supplied RFP documents.

2.25 Altering Official Document

Respondents shall not write in any margins or alter the official content of Somerset County RFP document.

2.26 RFP Preparation of Forms

RFPs ***must be signed in ink by the respondent***; all quotations shall be made with a typewriter/computer or pen and ink. Any quotation showing any erasure alteration must be initialed by the respondent in ink. Unit prices and totals are to be inserted in spaces provided.

2.27 W-9

Successful bidder/respondent shall complete W-9 Form and submit to Purchasing prior to contract award. The form is available at the following link: www.irs.gov/pub/irs-pdf/fw9.pdf

3. Scope of Work (SOW)

3.1 PROGRAM DESCRIPTION:

The Somerset County Youth Services Commission is seeking prevention programs for Somerset County youth ages 10 to 17 to prevent youth from engaging in delinquent or anti-social behaviors that are pathways to delinquency. A total of \$60,479.00 is available through the State/Community Partnership grant to be expended by December 31, 2023. Programs are to run during the calendar year 2023. It is anticipated the start time for the program will commence no earlier than August 15, 2023, dependent on the release of funds by the Juvenile Justice Commission. The proposed funding from the Juvenile Justice Commission State/Community Partnership grant allows for one-time programming until December 31, 2023. It is anticipated that this amount will not be available for prevention programming in 2024. Non-Profits, public schools, and municipal recreation departments are encouraged to submit proposals.

The program(s) will provide either primary or secondary prevention programming for Somerset County male and female youth ages 10 to 17 who are at-risk of involvement with the juvenile justice system. Youth that exhibit maladaptive behaviors and have a history of acting out in the community puts them at risk of interaction with law enforcement. Interventions should focus on substance use prevention/education that may include medical usage, legal effects of use within schools, violence prevention, peer leadership, increased positive decision-making skills, conflict resolution, anger management, mental health, coping skills, and/or strategies for emotional self-regulation to be implemented after school, recreation, in school or communities. Consideration will be given to proposals that demonstrate the use of current data to support the need for the prevention program. Data cited should show evidence of an existing need(s) or gap(s) that the proposed program would be able to address. Proposals will show how the data correlates with the need to fund such programming.

Services could be provided in more than one of the high need areas as identified in the 2021-2023 County Youth Services Comprehensive Plan include Manville, Franklin Township, North Plainfield, Bound Brook, and South Bound Brook or other Somerset County municipalities where data supports the need of such programming. Programs shall demonstrate that services are culturally and ethnically appropriate to the targeted population of youth.

Vendor will agree to be enrolled in the Juvenile Automated Management System (JAMS) online reporting system by the Juvenile Justice Commission for the purpose of quarterly reporting, client intakes and client completions. Somerset County Youth Services Commission Adolescent Information Forms (AIF) will be completed for each youth participating in the funded program. Payments to vendor are contingent upon submission of quarterly reports on time. Proposals submitted may not be considered if funding is solely intended to be used for enhancement of existing programming or expand current programs. Proposals will not be considered for one-time events, i.e. day trips/speaker engagements/one or two day programs/fairs.

3.2 TARGET POPULATION:

The target population is 10- to 17-year-old Somerset County youth who are referred by family, school, police or social service agencies that could benefit from a prevention program. Priority should be given to youth who live in Franklin Township, Bound Brook, South Bound Brook, North Plainfield, and Manville as indicated in the 2021-2023 Comprehensive Youth Services Commission Plan, however other municipalities will be considered.

3.3 OUTCOMES:

Submitted proposals must demonstrate at least three outcomes and corresponding impact of the program. Outcomes will report on the expectations that the program hopes to achieve through this service and the corresponding impact is defined as the expectation of outcome. Outcomes should be numbered and note what would constitute success (i.e. 8 out of 10 participants will not have a formal complaint against them up to three months after the program conclusion.) Outcomes that are included in the proposal should demonstrate that the program was responsible for the outcome.

Respondents in their proposals must submit how they intend to measure the outcomes of the program and submit which measurement tools will be implemented. Measurement tools must demonstrate the effectiveness of the program by the target population and describe how this information will support future funding opportunities if available to continue the program.

3.4 GOAL OF SERVICE/PROGRAM BEING REQUESTED:

The primary goal of the prevention program is to provide services and/or informal sanctions to youth who have begun to engage in antisocial and low-level delinquent behavior to prevent youth from continuing on a delinquent path.

3.5 PROGRAM HISTORY:

Historically the Youth Services Commission has purchased after-school programs with three sites for 2021-2023 grant cycle. The maximum amount of funding available for the after-school program was \$282,329 and a minimum level of service of one hundred forty (140) unduplicated youth were served between the three sites. This is the first solicitation for prevention programs for youth ages 10 to 17 that allows proposals from schools and municipal recreation department in addition to non-profits.

4. Proposal Requirements

4.1 Qualification Statement

A statement is to be provided by the respondent who will serve as the primary contractor. The statement shall set forth brief details of the firm's principal activities, the number of personnel in the firm and the firm's location. Please provide a list of (3) three clients for whom similar services have been provided. Include the following in your response:

1. Name of government agency.
2. Contact person's name, position, and current telephone number.
3. Dates, cost and scope of service.
4. Status and comments

4.2 Key Personnel Information

The respondent shall provide the identity and the professional credentials of the principals and other key personnel either working for the contractor and their areas of responsibilities.

4.3 Subcontractors

Respondents may engage the services of subcontractors for completion of this project. If their proposal involves any subcontractors, full details on the nature of the work to be performed by them and the location in which the work is to be performed must be provided. The respondent understands that if selected, the owner prior to initiating any subcontracted work, must approve the use of subcontractors in writing. (Refer to Section 2.11 and Item 2.11.1 for more details)

4.4 Proposal Forms

The following forms are contained in the attachments. All forms are required and shall be completed and made part of the proposal submitted.

1. Proposal Cost/Signature Form
2. Non-Collusion Affidavit
3. Ownership Disclosure
4. Affirmative Action Statement
5. Acknowledgement of Receipt of Addenda
6. Prohibited Activities in Russia-Belarus and Iran Investment Activities

4.5 Location of Servicing Office

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

5. Evaluation, Review and Selection Process

5.1 Proposals to Remain Subject to Acceptance

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

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

5.2 Rejection of Proposals

The owner reserves the right to reject any or all proposals, or to reject any proposals if the evidence submitted by, or investigation of such respondent fails to satisfy the owner that such respondent is

properly qualified to carry out the obligations of the RFP and to complete the work contemplated therein. The owner reserves the right to waive any minor informality in the RFP.

5.3 Evaluation Process

An evaluation team will review all proposals to determine if they satisfy the Proposal Requirements, determine if a proposal should be rejected and evaluate the proposals based upon the Evaluation Criteria. The highest-ranking respondent will then be recommended to the governing body for award of contract, based on most advantageous price and other factors. The County reserves the right to reach out to the respondents to get clarification on Proposals on specific items if necessary during the deliberation process.

Evaluation Team – RFP respondents are prohibited from contacting any member of the evaluation team directly without a formal invitation. If it is found that a respondent has attempted to discuss their proposal with a team member without an invite then their proposal may be deemed unresponsive. All questions during the evaluation period shall be directed to the Purchasing Agent.

5.4 Evaluation Criteria

The criteria considered in the evaluation of each proposal follows. The arrangement of the criteria is not meant to imply order of importance in the selection process. All criteria will be used to select the successful respondent.

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

5.4.1 Understanding of the Requested Work

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

5.4.2 Knowledge and Technical Competence

This includes the ability of the respondent to perform all of the tasks and fulfill adequately the stated requirements.

5.4.3 Management, Experience and Personnel Qualifications

Expertise of the firm shall be demonstrated by past contract successes providing government agencies with similar services. The respondent will be evaluated on knowledge, experience, prior collaboration and successful completion of projects/services similar to that requested in this RFP. In addition to relevant experience, respondents shall provide personnel qualifications in the Proposal. (See 4.1 and 4.2).

5.4.4 Ability to Complete the Project/Services in a Timely Manner

This is based on the estimated duration of the tasks and the respondent's ability to accomplish these tasks as stated.

5.4.5 Reserved

5.5 Payment

Payment will be made after a properly executed County voucher has been received and formally approved on the voucher list by the Board of County Commissioners at its subsequent regular meeting. The voucher will be certified correct by the Somerset County Office of Youth Services.

Quarterly statistical and programmatic status reports are required to document services provided and to document program performance (outcomes) to the Somerset County Office of Youth Services. Reports

will be made by using the Juvenile Automated Management System form attached to this RFP and shall include the number of clients (customers/participants) served, levels of service provided, as well as the actual outcomes resulting from the provision of such services and information relating to program evaluation and effectiveness. Reports include one Intake/Completion form per youth, quarterly reports and one Somerset County Youth Services Commission Adolescent Information Form (AIF) per youth also attached to the RFP

Expenditure and program status reports and reporting forms are to be submitted concurrently to the Somerset County Office of Youth Services on a quarterly basis as indicated below, in order to receive payment for services rendered.

Quarterly Program & Expenditure Reports:	Due Dates:
August – September 2023	October 13, 2023
October – December 2023	January 15, 2023

Follow-up results must be tracked from December 31, 2023, through June 30, 2024 and the final report should be provided to the Somerset County Office of Youth Services no later than July 15, 2024.

The following forms are included as Attachments C-F:

- * NJ Juvenile Justice Commission Juvenile Automated Management System Intake and Closing (Attachments D & E)
- * NJ Juvenile Justice Commission Juvenile Automated Management System (JAMS) Quarterly Reporting forms (sample appended to contract. Information may be entered through the NJ Juvenile Justice Commission JAMS website. It is anticipated that the first quarter report will be submitted on the forms that append this RFP and that the remaining three quarters will be done through the JAMS system. Training and Technical Assistance will be provided. (Attachment F)
- * Somerset County Dept. of Human Services Report of Contract Expenditures (Attachment G)

Books and records indicating the services performed must be retained for a period of seven (7) years after December 31, 2023. The books and records maintained by the contractor which pertain to bills rendered to the County, will be made available to the County of Somerset, or its officials or representatives for the purpose of inspection or audit upon reasonable request at any time during the term of the Contract award and for a period of five (5) years thereafter (through December 31, 2028).

5.6 Term of the contract

The term of this contract is CY 2023 – August 15, 2023 to December 31, 2023. (Options to extend may be exercised by mutual agreement in accordance with terms of N.J.S.A. 40A:11-4.1 et seq.)

5.7 Notice of Award

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

ATTACHMENT A

APPLICATION FOR JUVENILE JUSTICE COMMISSION FUNDING

Agency Name: _____

1. TOTAL FUNDING REQUEST \$ _____ (August 15, 2023 to December 31, 2023)

2. BACKGROUND INFORMATION:

A. Organization/Agency Legal Name: _____

B. Name, title and address of one authorized representative to whom questions can be directed and notification regarding decisions concerning this application should be sent.

Name _____ Title: _____

Address: _____

C. Contact Person: _____ Phone #: _____ Fax#: _____

E-mail: _____

Website: _____

Federal ID #: _____

D. Months, days of the week and hours of operation: _____

E. Agency status: (voluntary, non-profit, private public, other): _____

F. Name of the program for which funding is requested: _____

G. New program: _____ Existing program: _____

H. Address(es) of Program Site(s) if different than address given above:

3. DESCRIPTION OF ORGANIZATION

A. Describe the overall mission of the organization. Include information on the history of the agency in delivering comprehensive programs. *(1/2 page maximum)*

B. Describe the overall goals and objectives of the program(s), the scope of services to be provided and how the services will result in the goals and objectives identified. *(2 page maximum)*

C. Management:

CEO/Executive Director/Superintendent: _____

Assistant/Deputy: _____

Comptroller/Treasurer/CFO: _____

Program Director: _____

Number of years in operation: _____

_____ Attach a copy of your Organizational Chart

_____ Attach a copy of your current Board Members, owners and principals as applicable.

Total number of staff currently employed (agency): _____ # full-time _____

part-time _____

Total number of staff anticipated to be employed in the proposed program(s):

_____ # full-time _____ # part-time

Have any of your contracts or grants from any source ever been terminated or suspended (totally or partially) for any reason?

Yes (attach explanation) No

Has the organization been cited, fined or reprimanded for any regulatory, statutory, audit/financial or code violations within the last three years?

Yes (attach explanation) No

Is the organization in receivership or bankruptcy, or are any such proceedings pending?

Yes No

Are there current liens against the organization?

Yes (attach explanation) No

1. PROGRAM DESCRIPTION:

AGENCY OVERVIEW - Describe the philosophy/mission of your agency. Include information on the history of delivering comprehensive programs.

SPECIFIC PROGRAM - Describe the service component(s) that will be purchased with County funds. If requested amount of funding will augment other sources of funding for this specific program, clearly indicate in percentage terms the amount supported by requested funding in relation to the entire cost of program.

COLLABORATION - All applicants are expected to collaborate with other service providers to ensure consumers (participants/clients/customers) success. Describe how you will collaborate with other human services organizations to accomplish the goals set forth in this proposal.

RATIONALE/MISSION OF PROGRAM - Describe the need that is being addressed, the methods/modalities to implement the program design and how it meets one or more of the targeted areas identified in this RFP.

CULTURAL COMPETENCE CAPABILITY - Describe how the proposed program meets the ethnic/cultural backgrounds and linguistic needs of clients to be served.

UNDUPLICATED CLIENTS - Describe your agency's unduplicated customer/client base. Approximately how many unduplicated clients does your agency serve per year?

2. PROGRAM ADMINISTRATION:

ORGANIZATIONAL CHART - Include an organizational chart, with lines of supervision within the proposed program and between the program and organization.

KEY STAFF - Identify key staff and their respective functions in implementing this program. Include brief job descriptions resumes and/or licenses/certifications required for the position as attachments for staff paid by the grant. Describe how the staffing patterns and salary schedule is based on levels of competency/education/degrees and licensure.

3. PROGRAM DURATION:

LOCATION & HOURS OF OPERATION - Specify location of program and hours of service provision. Include a program service holiday schedule.

NEW PROGRAMS - Provide a timeline of implementation, including advertising, hiring, start up and program admissions.

4. TARGET POPULATION/ELIGIBILITY:

POPULATION - Describe the specific population to be served.

RATIONALE/NEEDS ASSESSMENT - Describe the rationale for selecting the population(s) to be served. The proposal must include the outcomes and demographics of your agency's activities for the recent past (2020 and 2021); and if applicable for the most recent (2022) County Contract.

GEOGRAPHIC SERVICE AREA - Indicate the geographic service area(s) for this program.

REFERRAL/ENROLLMENT PROCESS - Describe referral/enrollment process. Identify sources for referrals.

WAITING LIST - Describe maintenance of a waiting list or why not applicable.

ADMISSION - Describe the initial interview process (include timeframe) and the type of evaluation method(s) used to determine client acceptability for proposed services.

TERMINATION (Discharge)/Follow-up – Describe termination process. Describe follow up process if applicable. Describe evaluation method for determining termination/discharge.

5. ACCESSIBILITY:

ACCESSIBILITY / BARRIERS - Explain accessibility (both programmatic and physical plant) for the target population. Describe limitations, if any, for people with disabilities. Identify any barriers to access: language, physical plant or other programmatic barriers.

TRANSPORTATION - Describe how and if agency provides transportation for clients. Indicate the specific towns/areas your agency will or will not provide transportation for. Does your program include services from Somerset County Transportation? If so, detail the arrangement.

6. LEVELS OF SERVICE/UNITS:

UNIT OF SERVICE DEFINED - What is the agency's definition of Unit of Service for the proposed program (s) (i.e., time, face-to-face contact, days of care, etc.)? How many units will your agency provide on an annual basis?

EXPECTED LEVEL OF SERVICE - What is the expected level of service (LOS) for each unit? What are the minimum and maximum numbers of unduplicated individuals who can be served annually? What is the proposed Level of Service to be funded through this RFP?

COST-PER-UNIT - Provide a cost-per-unit breakdown for total units of service as defined above.

7. CLIENT SERVICE DOCUMENTATION:

CLIENT SERVICE DOCUMENTS - What sources of information will be used to document client services provided (e.g., contact and referral notes and sign-in sheets)?

8. EVALUATION OF GOALS AND OBJECTIVES:

PROGRAMMATIC GOAL(S) - Provide a broad statement of what the program is designed to accomplish.

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

IMPLEMENTATION ACTIVITIES - Articulate the action steps that will allow the program to reach its goals and objectives. Include copies of any questionnaires, surveys, etc., used as part of your implementation.

MEASURABLE OUTCOMES – Define your measurable outcomes. List projected benchmarks and/or outcomes related to your proposed program.

DATA COLLECTION - Describe the method(s) of collecting data to be used for evaluation purposes. What sources of information will be used to document client services outcomes (e.g., client service plans, case notes, contact and referral notes and sign-in sheets)?

DETERMINING PROGRAM EFFECTIVENESS - Describe the methodology for determining the program effectiveness. Include copies of any questionnaires, diagnostic/other screening tools, surveys, etc., utilized as part of your performance outcome activities.

CONTINUED FUNDING REQUESTS - If this program has been previously funded by the Juvenile Justice Commission funds for 2021 and /or 2022 detail the specific outcomes and program success from 2021 and for 2022 to date.

9. FISCAL:

MAINTENANCE OF FINANCIAL RECORDS - Describe how your agency maintains fiscal records.

SOURCES OF ADDITIONAL FUNDING - List additional funding sources that will support this program; indicate if these funds are secured for 2023 or pending.

OTHER FINANCIAL SUPPORT - List fees, contributions, in-kind resources, donation policy (if any) and expected revenues for the program from other sources, and name the specific funding source(s)

If Client Fees are a part of the proposed program, the Sliding Fee Scale to be used must be attached.

10. SUSTAINABILITY:

Detail why your organization needs Juvenile Justice Commission funding for 2023.

Describe your plan for the program sustainability when county funding expires.

Detail your organization’s fund-raising plan for 2023-2024.

Indicate if program has sustained funding reductions from State, Federal and/or other sources in 2022 or anticipates any funding reductions for 2023. Indicate amounts and sources.

Are JJC funds requested to offset any recent funding reductions? Explain:

Matching Funds: Are JJC funds used as required match or to leverage County, State, Federal or other funding sources? Please detail requirements, amounts, and submit corresponding contracts.

Indicate overall CY'2023 agency budget: \$

Indicate your agency’s cash reserve:

Operational Reserve \$	(represents months of operating expenses).
Other Reserve \$	(represents \$reserved for specific purposes).
Indicate purpose:	

AUDIT

Indicate date of your agency’s most-recent financial audit _____ (ONE copy of your most recent agency Audit must be attached to your Original proposal submitted.)

ATTACHMENT B

BUDGET NARRATIVE

Please justify the need and cost calculation for each line item shown on your budget forms in a narrative format.

Do not leave this section blank.

EXAMPLES:

Personnel: Program Worker: Staff to provide daily on-site supervision of youth; the staff: youth ratio is one to two; Bachelor's Degree required

Salary: \$15/hour;

Benefits: None

Specific Assistance to Clients: Stipends for Program Participants: need to encourage program completion; \$50 per youth for successful program completion

Please prepare a budget for a one (1) year calendar period of August 15, 2023 through December 31, 2023. Grantees will be required to submit updated budget for subsequent periods. Use the Attachment B Budget Forms.

- Attachment B1 – Budget Information Summary Expense Form
- Attachment B2– Contract Expense Detail Personnel
- Attachment B3– Budget Summary/Contract Expense Detail other than Personnel
- Attachment B4 – Revenue
- Attachment B5 – Cost of Equipment
- Attachment B6 – Related Organizations/Subcontractees

**ATTACHMENT B1
BUDGET INFORMATION SUMMARY EXPENSE FORM**

Agency Name: _____

Agency Federal I.D.# _____

Address: _____

Charities Registration # _____

Non-Profit _____
Budget Period 6/1/23-12/31/23

Phone: _____

Chief Executive Officer: _____

Agency Fiscal Year End _____

Prepared by: _____

Date: _____

BUDGET CATEGORY	TOTAL	JJC Program 1	STATE	UNITED WAY	*OTHER
A. PERSONNEL					
Salaries					
Fringe					
B. CONSULTANT/PROFESSIONAL FEES					
C. MATERIALS/SUPPLIES					
D. FACILITY COSTS					
E. SPECIFIC ASSISTANCE TO CLIENTS					
F. OTHER					
G. TOTAL OPERATING COSTS					
H. EQUIPMENT					
I. TOTAL COSTS					
J. LESS REVENUE					
K. NET COSTS					

***Other – Please identify the source you have listed as “Other”:** _____

**ATTACHMENT B2
CONTRACT EXPENSE DETAIL PERSONNEL**

Agency Name: _____

Contract Number: _____

Period Covered _____ To _____

BUDGET CATEGORY: PERSONNEL POSITION # & TITLE/NAME OF EMPLOYEE	HRS/ WEEK	TOTAL COST	JJC Program 1	STATE	UNITED WAY	OTHER
Fringe Benefits _____%						
Itemize: e.g., FICA						
Medical						

***Other – Please identify the source you have listed as "Other":** _____

**ATTACHMENT B3
 BUDGET SUMMARY CONTRACT EXPENDITURE DETAIL
 OTHER THAN PERSONNEL
 (Use Additional Pages as Needed)**

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

BUDGET CATEGORY: LINE ITEM	ITEMIZATION OF COST	TOTAL COST	JJC Program 1	STATE	UNITED WAY	OTHER
B. Consultants/Professional Fees						
C. Materials/Supplies						
D. Facilities Costs						

***Other – Please identify the source you have listed as "Other":** _____

ATTACHMENT B3 (continued)
BUDGET SUMMARY CONTRACT EXPENDITURE DETAIL
OTHER THAN PERSONNEL
(Use Additional Pages as Needed)

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

BUDGET CATEGORY: LINE ITEM	ITEMIZATION OF COST	TOTAL COST	JJC Program 1	STATE	UNITED WAY	OTHER
E. Specific Assistance to Clients						
F. Other						
G. Operating Costs						

***Other – Please identify the source you have listed as “Other”:** _____

ATTACHMENT B3 (continued)
BUDGET SUMMARY CONTRACT EXPENDITURE DETAIL
OTHER THAN PERSONNEL
(Use Additional Pages as Needed)

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

BUDGET CATEGORY: LINE ITEM	ITEMIZATION OF COST	TOTAL COST	JJC Program 1	STATE	UNITED WAY	OTHER
H. Equipment						

*Other – Please identify the source you have listed as “Other”: _____

ATTACHMENT B4
REVENUE
(Use Only If Applicable)

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

DESCRIPTION	TOTAL						

**ATTACHMENT B5
COST OF EQUIPMENT**

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

TYPE AND DESCRIPTION OF ITEM	ITEMIZATION OF COST	TOTAL COST	JJC Program 1	STATE	UNITED WAY	OTHER

***Other – Please identify the source you have listed as “Other”:** _____

**ATTACHMENT B6
RELATED ORGANIZATION / SUBCONTRACTEES**

Agency Name: _____

Proposed Program: _____

Period Covered _____ To _____

NAME OF RELATED ORGANIZATION(S)	TYPES OF SERVICES, FACILITIES AND/OR SUPPLIES FURNISHED BY THE RELATED ORGANIZATIONS	EXPLAIN RELATIONSHIP	COST	NAME OF PROGRAM AND COLUMN CHARGED

Attachment C
JUVENILE JUSTICE COMMISSION
JUVENILE AUTOMATED MANAGEMENT SYSTEM (JAMS)
CLIENT INFORMATION FORM - PROGRAM INTAKE

Rev: April 2007

1. County: _____

2. Agency: _____ 3. Program: _____

4. Client's Initials: _____ 5. Gender: _____ 6. Birthdate: _____

7. Race/Ethnicity (check one): American Indian/Alaskan Native White, not of Hispanic origin
 Asian/Pacific Islander Other
 African American Inter-Racial
 Hispanic/Latino

GENERAL INFORMATION

8. Intake Date: _____ / _____ / _____ 9. Referral Date: _____ / _____ / _____

10. Referral Source Type: Family Court Probation
 Family Crisis Intervention Police
 Juvenile Conference Committee Self
 School Friends
 Parents/Relatives Other
 Family Court Intake

11. Referral Source: _____ 12. Referral Source Person: _____

13. Select priority area for this client (check only one):

Delinquency Prevention Disposition
 Diversion Re-entry
 Detention

14. Name of Person Completing the Intake Form: _____

FINANCIAL INFORMATION

15. Annual Income of Parent(s) or Guardian(s):

- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Not Available | <input type="checkbox"/> \$20,001 - \$30,000 |
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$50,001 or Above |

16. Youth=s Employment Status:

- | | |
|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Employed - full-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed - part-time | <input type="checkbox"/> Not employed |
| <input type="checkbox"/> Job training | |

17. Source(s) of Income (Check ALL that apply):

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Employment (Juvenile) | <input type="checkbox"/> Unemployment/Temporary Disability |
| <input type="checkbox"/> Employment (Parent/Guardian) | <input type="checkbox"/> SSI/SSDI |
| <input type="checkbox"/> Public Assistance/Welfare | <input type="checkbox"/> Other |

ACADEMIC INFORMATION

18. Highest Grade Completed in School:

- | | | |
|---------------------------------------------|-------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> 4th grade or below | <input type="checkbox"/> 9th grade | <input type="checkbox"/> Ungraded |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 10th grade | |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 11th grade | |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 12th grade | |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Higher than 12th grade | |

19. Type of School Attending (At point of Intake):

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Regular Public | <input type="checkbox"/> GED Program/Adult Education |
| <input type="checkbox"/> Private/Parochial | <input type="checkbox"/> Vocational Program |
| <input type="checkbox"/> In District/Special Ed Placement | <input type="checkbox"/> Not Enrolled in any Program |
| <input type="checkbox"/> Out of District/Special Ed Placement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alternative School | |
| <input type="checkbox"/> In-Home Instruction | |

20. School Status (At Point of Intake):

- | | |
|------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Enrolled, Attending Regularly | <input type="checkbox"/> Graduated |
| <input type="checkbox"/> Enrolled, Not Attending Regularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> GED |

21. Client Classification(s) (Check ALL that apply):

- | | |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Auditorily Impaired | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Communication Impaired |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Multiply Disabled | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Preschool Disabled |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Social Maladjustment |
| <input type="checkbox"/> None | <input type="checkbox"/> Visually Impaired |

FAMILY & RESIDENCE INFORMATION

22. Family:

- | | |
|-------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Single Parent/Guardian | <input type="checkbox"/> Other/Specific |
| <input type="checkbox"/> Dual Parent/Guardian | <input type="checkbox"/> None |

23. Living Arrangement (At Point of Intake):

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> At home | <input type="checkbox"/> Living Alone |
| <input type="checkbox"/> Detention/Corrections | <input type="checkbox"/> Psychiatric Hospital |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Relative (s) Home | <input type="checkbox"/> Homeless |

24. Primary Caregiver(s):

- | | |
|-----------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Adoptive Parent (s) | <input type="checkbox"/> Grandparent (s) |
| <input type="checkbox"/> Biological Parent (s) | <input type="checkbox"/> Other Relative (s) |
| <input type="checkbox"/> Biological Parent and stepparent | <input type="checkbox"/> Other Non - Relative (s) |

25. Municipality of Residence: _____ 26. County of Residence: _____

INTERVENTION HISTORY

27. Intervention History(s) (Check ALL that apply):

- | | |
|---------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Alcohol/Drug - Non-Residential | <input type="checkbox"/> Mental Health - Inpatient |
| <input type="checkbox"/> Alcohol/Drug - Residential | <input type="checkbox"/> Mental Health - Outpatient |
| <input type="checkbox"/> JJC/Corrections | <input type="checkbox"/> Probation |
| <input type="checkbox"/> Family Court | <input type="checkbox"/> DYFS Residential |
| <input type="checkbox"/> Detention | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> DYFS | <input type="checkbox"/> CMO/YCM |
| <input type="checkbox"/> FCIU | <input type="checkbox"/> None |
| <input type="checkbox"/> Foster Care/Group Home | <input type="checkbox"/> Other |

PROBLEM AREAS

28. Problems Areas(s) (Check ALL that apply):

- Actively Rejecting Help
- Alcohol Abuse
- Alcohol Dependence
- Antisocial/Pro-criminal Attitudes
- Attention Deficit/Hyperactivity Disorder
- Callous, Little Concern for Others
- Criminal Behavior - Family
- Defies Authorities
- Delinquent Friends
- Difficulty in Controlling Youth=s Behavior
- Disruptive Behavior in School
- Domestic Violence in Family
- Dropout
- Drug Abuse
- Drug Dependence
- Family Exposure to Community Violence

- Functioning Below Grade Level
- Illiteracy
- Inadequate Supervision
- Inappropriate Discipline
- Inconsistent Parent Figure
- Inflated Self-Esteem
- Lack of Independent Living Skills
- Lack of Job Skills
- Lack of Remorse/Acceptance of Responsibility
- Lack of Teen Parenting Skills
- Lack of Vocational/Technical Skills
- Low Self-Esteem
- Marital Conflict
- Medical Problems/Family
- Medical Problems/Juvenile
- Mental Illness - Family
- Neglect - Juvenile
- No/Few Positive Friends
- Physically Aggressive
- Poor Anger Management
- Poor Frustration Tolerance
- Poor Interpersonal Skills
- Poor Problem Solving Skills
- Poor Relationship - Female Parent Figure
- Poor Relationship - Male Parent Figure
- Poor School Performance
- Post-Traumatic Stress
- Repeated Suspensions
- Runaway Behavior
- Serious Mental Illness
- Sexually Acting Out
- Short Attention Span
- Substance Abuse - Family
- Suicide Ideation/Gestures
- Teen Pregnancy
- Truancy
- Verbally Aggressive
- Victim of Physical Abuse - Juvenile
- Victim of Sexual Abuse/Incest - Juvenile
- Other (Specify)

Attachment D
JUVENILE JUSTICE COMMISSION
JUVENILE AUTOMATED MANAGEMENT SYSTEM (JAMS)
CLIENT INFORMATION FORM - PROGRAM COMPLETION

Rev: May 15, 2007

1. County: _____

2. Agency: _____ 3. Program: _____

4. Client's Initials: _____ 5. Gender: _____ 6. Birthdate: _____

7. Overall Program Outcome (check one):

- | | |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Successfully Completed Program | <input type="checkbox"/> Parent Refused Services or Withdrew Client from Program |
| <input type="checkbox"/> Discharged by Agency: Referred to more Restrictive/Intensive Level of Care | <input type="checkbox"/> Incarcerated |
| <input type="checkbox"/> Expelled from Program from Serious Infraction of the Rules | <input type="checkbox"/> Moved |
| <input type="checkbox"/> Client Refused Services or Withdrew from Program (specify) _____ | <input type="checkbox"/> Deceased |
| | <input type="checkbox"/> Missing |
| | <input type="checkbox"/> Other |

GENERAL INFORMATION

8. Completion Date: _____ / _____ / _____

9. Name of Person Completing the Completion Form: _____

FINANCIAL INFORMATION

10. Annual Income of Parent(s) or Guardian(s):

- | | |
|----------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Not Available | <input type="checkbox"/> \$20,001 - \$30,000 |
| <input type="checkbox"/> Less than \$5,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$5,001 - \$10,000 | <input type="checkbox"/> \$40,001 - \$50,000 |
| <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$50,001 or Above |

11. Youth=s Employment Status:

- | | |
|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Employed - full-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Employed - part-time | <input type="checkbox"/> Not employed |
| <input type="checkbox"/> Job training | |

12. Source(s) of Income (Check ALL that apply):

- | | |
|-------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Employment (Juvenile) | <input type="checkbox"/> Unemployment/Temporary Disability |
| <input type="checkbox"/> Employment (Parent/Guardian) | <input type="checkbox"/> SSI/SSDI |
| <input type="checkbox"/> Public Assistance/Welfare | <input type="checkbox"/> Other |

ACADEMIC INFORMATION

13. Highest Grade Completed in School:

- | | | |
|---------------------------------------------|-------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> 4th grade or below | <input type="checkbox"/> 9th grade | <input type="checkbox"/> Ungraded |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 10th grade | |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 11th grade | |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 12th grade | |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> Higher than 12th grade | |

14. Type of School Attending (At point of Discharge):

- | | |
|---------------------------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Regular Public | <input type="checkbox"/> GED Program/Adult Education |
| <input type="checkbox"/> Private/Parochial | <input type="checkbox"/> Vocational Program |
| <input type="checkbox"/> In District/Special Ed Placement | <input type="checkbox"/> Not Enrolled in any Program |
| <input type="checkbox"/> Out of District/Special Ed Placement | <input type="checkbox"/> Other |
| <input type="checkbox"/> Alternative School | |
| <input type="checkbox"/> In-Home Instruction | |

15. School Status (At Point of Discharge):

- | | |
|------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Enrolled, Attending Regularly | <input type="checkbox"/> Graduated |
| <input type="checkbox"/> Enrolled, Not Attending Regularly | <input type="checkbox"/> Expelled |
| <input type="checkbox"/> Dropped Out | <input type="checkbox"/> GED |

16. School Classification(s) (Check ALL that apply):

- | | |
|-------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Auditorily Impaired | <input type="checkbox"/> Autistic |
| <input type="checkbox"/> Cognitively Impaired | <input type="checkbox"/> Communication Impaired |
| <input type="checkbox"/> Emotionally Disturbed | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Multiply Disabled | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Preschool Disabled |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Social Maladjustment |
| <input type="checkbox"/> None | <input type="checkbox"/> Visually Impaired |

FAMILY & RESIDENCE INFORMATION

17. Family:

- Single Parent/Guardian
- Dual Parent/Guardian
- Other/Specific
- None

18. Living Arrangement (At Point of Discharge):

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> At home | <input type="checkbox"/> Living Alone |
| <input type="checkbox"/> Detention/Corrections | <input type="checkbox"/> Psychiatric Hospital |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Residential Placement |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Relative (s) Home | <input type="checkbox"/> Homeless |

19. Primary Caregiver(s):

- Adoptive Parent (s)
- Biological Parent (s)
- Biological Parent and stepparent

- Grandparent (s)
- Other Relative (s)
- Other Non - Relative (s)

20. Municipality of Residence: _____

21. County of Residence: _____

INTERVENTIONS HISTORY

22. Intervention History(s) (Check ALL that apply):

- Alcohol/Drug - Non-Residential
- Alcohol/Drug - Residential
- JJC/Corrections
- Family Court
- Detention
- DYFS
- FCIU

- Foster Care/Group Home
- Mental Health - Inpatient
- Mental Health - Outpatient
- Probation
- DYFS Residential
- Shelter
- YCM/CMO
- None

SERVICE INTERVENTIONS

23. Service Intervention(s) (Check ALL that apply):

PB means service intervention provided by this program

OS means service intervention provided by an outside source during client's participation in this program.

NNA means service intervention needed but not available/found during a client's participation in this program.

PB	OS	NNA		PB	OS	NNA	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Academic Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Job Placement/Referral
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Advocacy				Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	After School Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Services
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anger Management Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Skills Training
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication/Monitoring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Study Evaluation/IEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MICA Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Community Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Services
Planning/Monitoring				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parenting Skill/Education
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling/Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant/Mothering Program
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling/Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Hospital Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling/Individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recreational/Socialization
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crisis Intervention Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Residential Treatment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cultural Enrichment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respite Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Care Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Role Model/Mentor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Day Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shelter Care
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decision Making Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Day School/Alternative
Training				High School			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Foster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Psychiatric	Care/Teaching Family			
Services				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Inpatient Sex
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Family Support	Offender Services			
Group/Network				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Outpatient Sex
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Financial Assistance	Offender Services			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Evaluation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GED preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Services	Treatment/Counseling			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Independent Living Program	(Inpatient)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intensive In-home services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intensive Supervision	Treatment/Counseling			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpersonal Skills Training	(Intensive Outpatient)			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse

Treatment/Counseling

(Outpatient/Self-Help)

- Supervision
- Teaching Family
- Transportation
- Urine Monitoring
- Vocational Training (specific)
- Vocational/Job readiness/Job

skills

(general)

- Other

(Specify): _____

ATTACHMENT E

**These are Sample Forms
Do not complete for proposal submission!**

JUVENILE JUSTICE COMMISSION
JUVENILE AUTOMATED MANAGEMENT SYSTEM

GENERAL INFORMATION

Program Name _____

Report for _____ 1st Qtr _____ 2nd Qtr _____ 3rd Qtr _____ 4th Qtr

Agency Name _____

Project Director _____

Project/Program Description:

Project Duration _____ to _____ (mm/dd/yyyy)

Report Date _____

Report Person _____ Title _____

Minimum number of unduplicated youth served during a contract period _____

Maximum number of youth/slots in program at any given time _____

INTAKE AND COMPLETION DATA

Number of juveniles in program first day of quarter _____

Total number of juveniles entered program this quarter _____

Total number of juveniles discharged this quarter _____

Total number of juveniles last day of this quarter _____

Cumulative number of juveniles entered this contract period _____

Discharge summary for Quarter

Positive Terminations (completed program) _____

Negative Terminations (removal, new charges, VOP) _____

Neutral Terminations _____

Reasons for Termination

Successfully completed program _____

Discharged by Agency: Referred to more restrictive/
Intensive level of care _____

Expelled from program for serious infraction of the
Rules _____

Client refused services or withdrew from program _____

Parent refused services or withdrew client from program _____

Incarcerated _____

Moved _____

Deceased _____

Other (specify) _____

REFERRAL INFORMATION

General Referral Information

Total number of juveniles referred this quarter _____

Number of referrals accepted _____

Number of referrals rejected _____

Reasons for rejection and the number of each

Youth does not meet the age requirement _____

Youth does not meet the gender requirement _____

Youth does not meet the geographical requirement _____

Program does not meet the service need of the youth _____

Program is at capacity _____

Parent refuses services _____

Youth refuses services _____

Other (specify) _____

Sources of Accepted Referrals

Sources of accepted referrals (indicate actual numbers, not percentages)

Family Court	_____
Family Crisis Intervention	_____
Juvenile Conference Committee	_____
School	_____
Parents/Relatives	_____
Family Court Intake	_____
Probation	_____
Police	_____
Self	_____
Friends	_____
Other (specify)	_____

Goal and Objective

Goal:

Objective #1

Objective #2

Objective #3

Performance Measure/Indicators:

Objective #1

Objective #2

Objective #3

Performance Measures/Indicators

Activities-Objective #1

Activities Objective #2

Activities Objective #3

Describe/highlight any special activities conducted during this quarter:

Activity Description

List problems or barriers in carrying out this goal and objective:

Problem Description

List strategies that have been implemented to address these barriers:

Strategy Description

Attachment F

Report of Contract Expenditures												
Reporting Agency Address:					Contract #			Reporting Period <u> </u> 1st <u> </u> 2nd <u> </u> 3rd <u> </u> 4th Quarter				
					Project Period			Report Number:		Revision of Report Number:		
					Basis of Report: () Cash () Accrued () Final Expenditure () Other-Attach Explanation							
Project Title:												
BUDGET					REPORTING PERIOD				CUMULATIVE/YEAR TO DATE			
Budget Categories	Grant Funds	SC Funds	Other funds	Total Funds	Grant Funds	SC Funds	Other Funds	Total Funds	Grant Funds	SC Funds	Other Funds	Total Funds
PERSONNEL												
Salaries								\$0.00				\$0.00
Fringe								\$0.00				\$0.00
Consultants								\$0.00				\$0.00
Benefits												
Pension												
Supplies/Prog. Mat.								\$0.00				\$0.00
Facilities												
Recreation												
Equipment								\$0.00				\$0.00
Insurance								\$0.00				\$0.00
Travel								\$0.00				\$0.00
Postage								\$0.00				\$0.00
Training								\$0.00				\$0.00
Communications								\$0.00				\$0.00
Printing/Publica.								\$0.00				\$0.00
Other								\$0.00				\$0.00
TOTALS								\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
I hereby certify that this report is true and correct to the best of my knowledge and that all expenditures reported herein have been made in accordance with the terms and conditions of this contract.					Date:							
					Name of Person Responsible:				STATUS OF FUNDS			
					Title of Responsible Official:				Cash Received To Date:		Less:	
					Signature of Responsible Official:				Cash Disbursements as of:		\$	
				Cash Balance as of:		\$						

**COUNTY OF SOMERSET
RFP DOCUMENT CHECKLIST**

**Read,
Acknowledged,
Signed & Submitted
Respondent's
Initial**

A. FAILURE TO SUBMIT ANY OF THESE ITEMS IS MANDATORY CAUSE FOR REJECTION OF RFP

- Ownership Disclosure Form
- Non-Collusion Affidavit
- Proposal Cost Form/Signature Page
- Bid Guarantee (bid bond or certified/cashier's check) (with Power of Attorney for full amount of Bid Bond)
- Surety Disclosure Statement and Certification
- Performance Bond
- Other:

B. REQUIRED NO LATER THAN TIME PERIOD INDICATED

B.1 SUBMIT DOCUMENTS AT TIME OF RFP RESPONSE DUE DATE

- Qualification Statement
- Key Personnel Information
- Three (3) references for similar projects
- Acknowledgement of Receipt of Addenda (To be Completed if Addenda are Issued) - Prefer with RFP Response.
- CD or USB Flash Drive with PDF of RFP along with printed copies (ref: Notice of RFP and/or Section 2.2)
- License(s) or Certification(s) Required by the Specifications
- Prohibited Russia-Belarus Activities and Iran Investment Activities - Prefer with RFP Response. Required by Law prior to award of contract.

**B.2 MUST POSSESS CERTIFICATE BY CONTRACT AWARD DATE
"SUBMISSION OF CERTIFICATE WITH RESPONSE PREFERRED"**

- New Jersey Business Registration Certificate
- New Jersey Business Registration Certificate - Named /Listed Subcontractor(s)
- EEO/Affirmative Action Compliance Notice - Submit Copy of State Certificate of Employee Information Report

B.3 MUST SUBMIT BY CONTRACT AWARD DATE

- Certificates of the Required Insurance naming County Additionally Insured
- Evidence of Medical Malpractice or Professional Liability Insurance supply certificate prior to processing a purchase order

C. READ ONLY

Americans With Disability Act of 1990 Language

This checklist is provided for respondent's use in assuring compliance with required documentation; however, it does not necessarily include all specifications requirements and does not relieve the respondent of the need to read and comply with the specifications.

Name of Respondent: _____ Date: _____

By Authorized Representative:

Signature: _____

Print Name & Title: _____

PROPOSAL COST FORM/SIGNATURE PAGE

TO THE COUNTY OF SOMERSET BOARD OF COUNTY COMMISSIONERS:

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the proposal and agrees, if this proposal is accepted, to furnish and deliver services per the attached schedule of fees for the following:

**PREVENTION PROGRAM FOR SOMERSET COUNTY YOUTH
Contract #: CY-COM-0089-23S**

\$ _____ CY 2023 August 15, 2023 to December 31, 2023

(Corporation)

The undersigned is a (Partnership) under the laws of the State of _____ having its
(Individual)

Principal office at _____

Company

Federal I.D. # or Social Security #

Address

Signature of Authorized Agent

Type or Print Name

Title of Authorized Agent

Date

Telephone Number

Email Address

Fax Number



County of Somerset New Jersey

PO Box 3000 – 20 Grove Street
COUNTY ADMINISTRATION BUILDING
Somerville, NJ 08876-1262
PHONE: (908) 231-7043 FAX: (908) 575-3917



OWNERSHIP DISCLOSURE FORM

BID SOLICITATION #: _____ VENDOR {BIDDER}: _____

PART 1

PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR THE "NO" BOX.
ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO
COMPLETE THIS FORM PURSUANT TO N.J.S.A. 52:25-24.2

	<u>YES</u>	<u>NO</u>
1. Are there any individuals, corporations, partnerships, or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}?	<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO QUESTION 1 IS "NO", PLEASE SIGN AND DATE THE FORM.		
IF THE ANSWER TO QUESTION 1 IS "YES", PLEASE ANSWER QUESTION 2–4 BELOW.		
2. Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties individuals?	<input type="checkbox"/>	<input type="checkbox"/>
3. Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties corporations, partnerships, or limited liability companies ?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you answer to Question 3 is " YES ", are there any parties owning a 10% or greater interest in the corporation, partnership, or limited liability company referenced in Question 3?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is the Vendor {Bidder} incorporated as a not-for-profit organization?	<input type="checkbox"/>	<input type="checkbox"/>
IF THE ANSWER TO THIS QUESTION IS "YES", EXECUTE THE CERTIFICATION SECTION.		
IF ANY OF THE ANSWERS TO QUESTION 2-4 ARE "YES", PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2 BELOW.		

PART 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO QUESTIONS 2–4 ANSWERED AS "YES".

If you answered "**YES**" for questions 2, 3, or 4, you must disclose identifying information related to the individuals, corporations, partnerships, and/or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}. Further, if one or more of these entities is itself a corporation, partnership, or limited liability company, you must also disclose all parties that own a 10% or greater interest in that corporation, partnership, or limited liability company. This information is required by statute.

INDIVIDUALS

NAME _____			
ADDRESS 1 _____			
ADDRESS 2 _____			
CITY _____	STATE _____	ZIP _____	

NAME _____			
ADDRESS 1 _____			
ADDRESS 2 _____			
CITY _____	STATE _____	ZIP _____	

NAME _____			
ADDRESS 1 _____			
ADDRESS 2 _____			
CITY _____	STATE _____	ZIP _____	

NAME _____			
ADDRESS 1 _____			
ADDRESS 2 _____			
CITY _____	STATE _____	ZIP _____	

Attach Additional Sheets If Necessary

PART 2 continued
PARTNERSHIPS / CORPORATIONS / LIMITED LIABILITY COMPANIES

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	

Attach Additional Sheets If Necessary

In the alternative, to comply with the ownership disclosure requirement, a Vendor {Bidder} with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest. N.J.S.A. 52:25-24.2.

PART 3
PUBLICLY TRADED PARENT COMPANY DISCLOSURE

Ownership disclosure (name and address) can be met by submitting the last annual filing of an SEC or similar foreign regulator document or providing the website link to such documents, and include relevant page numbers. See N.J.S.A 52:25-24.2.

<u>TITLE OF ATTACHED DOCUMENTS OR WEBLINK</u>	<u>PAGE #</u>

Attach Additional Sheets if Necessary

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor {Bidder}, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the County of Somerset, NJ is relying on the information contained herein, and that the Vendor {Bidder} is under a continuing obligation from the date of this certification through the completion of any contract(s) with the County to notify the County in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the County, permitting the County to declare any contract(s) resulting from this certification void and unenforceable.

Signature (Do not enter Vendor ID as a signature)

Date

Print Name and Title

FEIN/SSN

**COUNTY OF SOMERSET, NEW JERSEY
NON-COLLUSION AFFIDAVIT
(N.J.S.A. 52:34-15)**

State of _____

County of _____

I, _____ residing in _____
(Name of Affiant) (Name of Municipality)

in the County of _____ and State of _____ of full age,
being duly sworn according to law on my oath depose and say that:

I am _____ of the Company of _____
(Title or Position) (Name of Firm/Company)

the Bidder/Respondent making this Proposal for the Bid/RFP numbered _____,
(Contract #)

and that I executed the said Proposal with full authority to do so; that said Bidder/Respondent has not,
directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any
action in restraint of free, competitive bidding in connection with the above numbered project; and that

all statements contained in said Proposal and in this affidavit are true and correct, and made with full
knowledge that the County of Somerset relies upon the truth of the statements contained in said Proposal
and in the statements contained in this affidavit in awarding the contract. I further warrant that no person
or selling agency has been employed or retained to solicit or secure such contract upon an agreement
or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees
or bona fide established commercial or selling agencies maintained by _____ .
(Name of Firm/Company)

(Signature of Affiant)

(Type of Print Name of Affiant)

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

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

Goods and General Service Vendors

1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the County and the Division. This approval letter is valid for one year from the date of issuance.

Do you have a federally-approved or sanctioned EEO/AA program? Yes No
If yes, please submit a photostatic copy of such approval.

2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the County as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.

Do you have a State Certificate of Employee Information Report Approval? Yes No
If yes, please submit a photostatic copy of such approval.

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form to the County. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance.

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

DATE: _____

COUNTY OF SOMERSET, NEW JERSEY
EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

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

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

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

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

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

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

SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT


Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.
33 WEST STATE STREET
TRENTON, NJ 08625


State Treasurer

VOID

COUNTY OF SOMERSET, NEW JERSEY
AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The Contractor and the Owner, do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (*42 U.S.C. 5121 01 et seq.*), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

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

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

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

COUNTY OF SOMERSET, NEW JERSEY

THESE ARE **SAMPLES** OF THE **ONLY** ACCEPTABLE
BUSINESS REGISTRATION CERTIFICATES

PREFER WITH RFP RESPONSE, REQUIRED BY LAW PRIOR TO AWARD OF CONTRACT


STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT
TRADE NAME: CLIENT REGISTRATION
TAXPAYER IDENTIFICATION#: 970-097-382/500
SEQUENCE NUMBER: 0107330
ADDRESS: 847 ROEBLING AVE
TRENTON NJ 08611
ISSUANCE DATE: 07/14/04
EFFECTIVE DATE: 01/01/01
FORM-BRC(08-01)

J.P. Tully
Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

 STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REG TEST ACCOUNT
Trade Name:
Address: 847 ROEBLING AVE
TRENTON, NJ 08611
Certificate Number: 1093907
Date of Issuance: October 14, 2004

For Office Use Only:
20041014112823533

COUNTY OF SOMERSET, NEW JERSEY

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Respondent hereby acknowledges receipt of the following Addenda:

ADDENDUM NUMBER	DATE	ACKNOWLEDGE RECEIPT (Initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledged for: _____
(Name of Bidder)

By: _____
(Signature of Authorized Representative)

Name: _____
(Print or Type)

Title: _____

Date: _____

FORM NOT REQUIRED IF NO ADDENDA ISSUED

**County of Somerset, New Jersey
Prohibited Russia-Belarus Activities & Iran Investment Activities**

Bidder Name:	
---------------------	--

Part 1: Certification

*BIDDERS ARE TO COMPLETE PART 1 BY CHECKING **ONE OF THE THREE BOXES BELOW.***

Pursuant to Public Law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on the Treasury's website at the following web addresses:

www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

<http://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>

As applicable to the type of contract, the above referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be provided by law, rule, or contract, including but not limited to imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the party.

Contract Awards and Renewals

I certify, pursuant to law 2012, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of the Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 (Chapter 25 List). I further certify that I am the person listed above, or I am the officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

Contract Amendments and Extensions

I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's Lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. I further certify that I am the person listed above, or I am the officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

If Unable to Certify

I am unable to certify as above because the person or entity and/or parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities below. Failure to provide such will prevent the award of contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate, and precise description of the activities of the person or entity, or parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran on additional sheets provided by you.

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the County of Somerset is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County of Somerset to notify the County of Somerset in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the County of Somerset and that the County of Somerset at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	