**COUNTY OF MORRIS**



**REQUEST FOR APPLICATION**

**Applications for 2025 Navigating Hope – Care Manager Funding**

**RFA #25-02**

REQUESTING AGENCY: MORRIS COUNTY

Department of Human Services

CONTACT PERSON: Anna Marie Hess

Department of Human Services

[ahess@co.morris.nj.us](mailto:ahess@co.morris.nj.us)  
  
**PROPOSAL SUBMISSION** Tuesday, July 16, 2024 at 2:00 PM

**DEADLINE**:

PROVIDER NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROVIDER CITY/TOWN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE: **\_\_\_\_\_\_\_\_\_**

**COUNTY OF MORRIS**

LEGAL NOTICE

Separate SEALED Applications will be received by the Morris County Department of Human Services by **Tuesday, July 16, 2024 at 2:00PM,** Eastern Standard Time in the Morris County Department of Human Services, Morris Plains, New Jersey for the respective projects as follows:

**APPLICATIONS FOR 2025 COMMUNITY BASED FUNDING – NAVIGATING HOPE**

The Morris County Board of County Commissioners is announcing the availability of Year 2025 funding for the following:

* Navigating Hope – funding for care management for operations and staffing of Morris County mobile outreach services

Applications are available for downloading from <https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding> or may be picked up on or after **Friday, June 14, 2024.** For pick up instructions please contact via email Anna Marie Hess at [ahess@co.morris.nj.us](mailto:ahess@co.morris.nj.us). The County of Morris shall not be responsible for full or partial sets of documents, including addenda, obtained from any other source.

Applications must be enclosed in a sealed envelope bearing the name and address of the Service Provider/Respondents, with **“Navigating Hope Application 2025”** clearly markedon the outermost packaging, addressed to the attention of Anna Marie Hess, Morris County Department of Human Services. Applications may be delivered by mail, in-person, or by FedEx delivery. A drop box will be present at the location. Below are the addresses that must be used:

By mail: In-person or FedEx: Drop box will be located at the

entrance of the Morris County Human Services building

Morris County Dept. of Human Services Morris County Dept. of Human Services

PO Box 900 1 Medical Drive

Morristown, NJ 07963-0900 Morris Plains, NJ 07950

Attn: Anna Marie Hess Attn: Anna Marie Hess

If you have any questions, please contact via email Anna Marie Hess at [ahess@co.morris.nj.us](mailto:ahess@co.morris.nj.us). All questions must be received by Tuesday, July 2, 2024 at 12:00pm and will be posted to the Morris County Human Services website <https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding> on Wednesday, July 3, 2024 at 12:00pm.

No applications shall be accepted after the designated time, and Morris County will not assume responsibility for applications forwarded by mail or delivery service, nor any other conveyance.

Providers/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. Application openings will take place on Tuesday, July 16, 2024 at 2:15PM at 1 Medical Drive in Morris Plains, NJ 07950 in conference room 81. It is **NOT MANDATORY** to attend the application opening.

**Award of contracts by the Board of County Commissioners will be made no later than December 31, 2024.**

We thank you for your understanding and cooperation.

**COUNTY OF MORRIS**

**GENERAL INSTRUCTIONS**

1. **SUBMISSION OF APPLICATIONS**
2. Applications are available for downloading from <https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding> or may be picked up from the Morris County Department of Human Services. For pick up instructions please contact via email Anna Marie Hess at [ahess@co.morris.nj.us](mailto:ahess@co.morris.nj.us).
3. Each Application shall be submitted on the applications forms attached, not double sided or stapled, in a sealed envelope:

(1) addressed to the Morris County Department of Human Services

(2) bearing the name and address of the Respondent on the outside

(3) clearly marked “Navigating Hope Application 2025”

1. It is the Respondent's responsibility to see that Applications are presented to the Morris County Department of Human Services on the hour and at the place designated. Applications may be mailed; however, the County of Morris disclaims any responsibility for Applications forwarded by regular or express mail. If the Application is sent by express mail, the designation in B. above must also appear on the outside of the express company envelope. Applications received after the designated time and date will be returned unopened.
2. The County reserves the right to postpone the date for presentation and opening of applications and will give written notice of any such postponement to each prospective Respondent as required by law.

In the event Morris County Offices are **closed,** Applications will be accepted **on the next business day** that offices are opened, at the same location and the same time

E. All Applications must be written in ink or preferably machine-printed. Applications containing any conditions, omissions, unexplained erasures or alterations, items not called for in the Application form, attachments of additive information not required by the specifications, or irregularities of any kind, may be cause for rejection by the owner in accordance with applicable law. Any changes, whiteouts, strikeouts, etc. in the Application must be initialed in ink by the person signing the Application.

**2. REVIEW OF APPLICATIONS**

1. Applications will be opened and recorded by the Morris County Department of Human Services
2. All applications are reviewed by the respective Department of Human Services Advisory groups and recommendations are made for funding.
3. The Morris County Board of County Commissioners are responsible for allocating funding with the goal of ensuring the provision of community services to Morris County residents. Recommendations made by the various Department of Human Services Advisory groups are forwarded to the County Administrator. The County Administrator then notifies the agencies, in writing, of these recommendations prior to the final approval by the Morris County Board of County Commissioners.

**3. APPEAL PROCESS**

1. In the event that an agency wishes to appeal the decision, the following procedure must be followed:

(1) The application is eligible to appeal the County Administrator’s recommendation only if the agency can prove that new pertinent facts have developed, subsequent to the funding review, which will significantly affect the original application.

(2) The County Administrator must receive the applicant’s appeal in writing within five (5) working days as shown by the date of receipt on the certified letter or on the read receipt from the email, whichever date is earlier.  Late appeals will not be accepted

(3) The County Administrator will review all **new** information provided and may consult with the Department of Human Services and/or the relevant advisory group to come to a decision

(4) The County Administrator will notify the application of the appeal decision, in writing, within ten (10) working days of the postmarked appeal.

**4. QUOTATIONS, APPLICATIONS AND FORMS**

1. The County of Morris is exempt from any local, state or federal sales, use or excise tax. The County will not pay service charges such as interest and late fees. The County or any of its offices and divisions will not complete credit applications as a result of contract(s) resulting from award based on these specifications.
2. Applications 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.
3. Failure to sign and give all information in the Application may result in the Application being rejected.
4. Any Respondent may withdraw his/her Application at any time before the due date of the application.

E. All forms shall be completed and attached to the Application. RESPONDENT IS ALERTED TO THE APPLICATION DOCUMENT CHECK LIST PAGE.

**5. INTERPRETATIONS AND ADDENDA**

A. The Respondent understands and agrees that its Application is submitted on the basis of the specifications prepared by the County. The Respondent accepts the obligation to become familiar with these specifications.

B. No oral interpretation of the meaning of the specifications will be made to any Respondent. Every request for an interpretation shall be in writing, addressed to Anna Marie Hess via email at [ahess@co.morris.nj.us](mailto:ahess@co.morris.nj.us). In order to be given consideration, written requests for interpretation must be received **at least ten (10) business days prior** to the date fixed for the opening of the Applications. Any and all such interpretations and any supplemental instructions will be in the form of written addenda to the specifications, and will be distributed to all prospective Respondents of written addenda to the specifications, and will be posted to the Morris County Human Services website on July 3, 2024. All addenda so issued shall become part of the document, and shall be acknowledged by the Respondent in the Application. The County’s interpretations or corrections thereof shall be final. In the event the Respondent fails to notify the County of such ambiguities, errors or omissions, the Respondent shall be bound by the Application.

C. 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. In the event that there is a discrepancy between the unit prices and the extended totals, the unit prices 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.

**6. AWARD OF APPLICATION**

1. The Morris County Board of County Commissioners shall award a contract or reject Applications by December 31, 2024, except that the Application of any Respondents who consent thereto may, at the request of the County, be held for consideration for such longer period as may be agreed.
2. The County reserves the right to accept or reject any or all Applications, to waive identified irregularities and technicalities if it is in the best interest of the County to do so. Without limiting the generality of the foregoing, any Application which is incomplete, obscure, or irregular may be rejected, any Application having erasures or corrections in the price sheet may be rejected; any Application in which unit prices are omitted, or in which unit/total prices are unbalanced, may be rejected.
3. The effective period of **this contract will be one year unless otherwise noted in the specifications**. Awards are contingent upon receipt of Federal, State, and local funding for the programs listed.
4. The form of contract which shall be signed by the successful respondent shall be that as furnished by the County of Morris, a copy of which is on file with the Morris County Department of Human Services and may be inspected upon request.

**7. NON-COLLUSION AFFIDAVIT**

The Non-Collusion Affidavit, which is part of these specifications, shall be properly executed and submitted intact with the Application.

**8. NEW JERSEY ANTI-DISCRIMINATION**

The contract for this Application shall require that the Provider agrees to not discriminate in employment and agrees to abide by all anti-discrimination laws including but not limited to N.J.S.A. 10:2-1 as included in this document.

**9. MANDATORY AFFIRMATIVE ACTION CERTIFICATION**

No Provider may be issued a contract unless it complies with the affirmative action provision of N.J.S.A. 10:5-31 et seq. and N.J.S.A. 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 Exhibit A in this specification.

A. Goods, Professional Services and General Service Contracts:

Each Provider 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:

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

2. 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.

3. 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 NJ” and forward a copy of the Form to the Public Agency. Upon submission and review by the Division, the Report shall constitute evidence of compliance with the regulation.

**10. STATEMENT OF OWNERSHIP DISCLOSURE**

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 Application or accompanying the Application of the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, subchapter S corporation or sole proprietorship, there is submitted to the County of Morris 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. This form shall be signed and submitted with the Application whether or not a stockholder or partner owns less than 10% of the business submitting the Application. Failure to comply requires mandatory rejection of the Application.

**11. ACQUISITION, MERGE, SALE AND/OR TRANSFER OF BUSINESS, ETC.**

It is understood by all parties that if, during the life of the contract, the Provider disposes of his/her business concern by acquisition, merger, sale and/or transfer or by any means convey his/her interest(s) to another party, all obligations are transferred to that new party. In this event, the new owner(s) will be required to submit, when required, a performance bond in the amount of the open balance of the contract. It is at the discretion of the County to honor the contract with the new merged entities.

**12.** **INSURANCE REQUIREMENTS**

The Provider, prior to commencing work, shall provide at his/her own cost and expense, the following insurance to the County of Morris with insurance companies licensed to provide insurance in the State of New Jersey. The Provider will ensure that policies are underwritten by companies with a current A.M. Best rating of A- with a Financial Size Category of VII or better. Insurance shall be evidenced by Certificates and/or Policies as determined and approved by the County of Morris, Division of Risk Management. Each Certificate or Policy shall require that thirty (30) days prior to cancellation or material change in the policies, notice thereof shall be given to the Morris County Department of Human Services, by registered mail, return receipt requested and for all of the following stated insurance policies. All such notices shall name the Provider and identify the contract number. The Provider shall submit an updated Certificate of Insurance to demonstrate continued renewal of insurance. During any period when the required insurance is not in effect, the County of Morris may suspend the work. The County may refuse to make payments due under this contract or any other contracts with the County until the required insurance coverage is in effect. The County may use monies withheld to renew the insurance for the periods and amounts referred to above.

1. **Worker’s Compensation and Employer’s Liability Insurance**

This insurance shall be maintained in full force during the life of this contract by the Respondent 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 $500,000.00.

1. **General Liability Insurance**

The Contractor shall provide Comprehensive General Liability insurance with a combined single limit of $1,000,000/$2,000,000 aggregate for bodily injury and property damage. A “claims made” policy is not acceptable.

1. **Professional Liability (if applicable)** The Contractor shall provide a copy of a certificate verifying coverage of professional liability insurance applicable to services to be rendered under this agreement with limits of $1,000,000/$3,000,000.
2. **Owners Contractors Protective Liability**

The Contractor shall provide Owners Contractor Protective Liability Insurance with a limit of $1,000,000.00 for General Work for the sole protection of the County of Morris. The County of Morris must be named as the first insured on this policy.

1. **Automobile Liability Insurance**

Automobile liability insurance, with a combined single limit of liability per occurrence of $1,000,000 for bodily injury, property damage. This insurance shall include bodily injury and property damage with the following coverage, for owned automobiles, hired automobiles and non-owned automobiles.

1. **“ADDITIONAL INSURED”**

**All Certificates of Insurance shall state that the County of Morris is carried as “an additional insured**” for the purposes of the contract, and shall include **Form CG 20100704 & CG20370704** attached, or their equivalent, as determined solely by the Morris County Risk Manager.

Self-insured contractors shall submit an affidavit attesting to their self-insured coverage and shall name the OWNER as an additional insured.

**13. INDEMNIFICATION**

The Provider shall defend, indemnify and hold harmless, the County of Morris, the Board of County Commissioners, their Employees, Agents, Representatives and Servants (collectively the “County”) from and against any and all losses, penalties, claims, damages, settlements, judgments, verdicts, costs, charges, professional fees (including attorneys’ fees and other expenses or liabilities including, but not limited to, the investigation and defense of any claims, arising out of or resulting from the performance of the Provider’s work or the completed operations provided that any such claim, damage, loss, or expense (a) is attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property including the loss of the use resulting therefrom, and (b) is caused in whole or in part by any negligent act or omission of the Provider, or anyone directly or indirectly employed by them or anyone for whose acts they may be liable (including a claim by an employee of the Provider) regardless of whether it is caused in part by a party indemnified hereunder, and (c) is caused in whole or in part by the Provider’s breach of any term evidencing an agreement between the Provider and the County of Morris or anyone directly or indirectly employed by the Provider for whose acts the Provider may be liable.

In any and all claims against the County of Morris, the Board of County Commissioners, their Employees, Agents and Servants, by any employees of the Provider, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Provider under workers compensation acts, disability benefit acts or other employee benefit acts.

**14. PAYMENT OF SERVICES**

Payment for reimbursement of provided services will be made after a properly executed County of Morris voucher has been received with backup/reporting documents and formally approved on the voucher list by the Morris County Board of County Commissioners at its subsequent regular meeting. The voucher and reporting documents will be certified correct by the department/division head who oversees the contract award.

**15. TERMINATION**

If, through any cause, the successful Respondent shall fail to fulfill in a timely and proper manner any of the obligations under this contract or if the Provider shall violate any of the requirements of this contract, the County shall thereupon have the right to terminate this contract by giving sixty (60) days written notice to the Provider of such termination and specifying the effective date of termination. Such termination shall relieve the County of any obligation for balances to the Provider of any sum or sums set forth in the contract.

Notwithstanding the above, the Provider shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the contract by the Provider and the County may withhold any payments to the Provider for the purpose of compensation until such time as the exact amount of the damage due the County from the Provider is determined.

In case of default by the respondent, the County reserves the right to purchase services on the open market and hold the respondent responsible for any losses resulting from the respondent’s default.

The Provider agrees to indemnify and hold the County 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 County under this provision.

Each payment obligation of the County is conditioned upon the availability of funds appropriated or allocated for the payment of such an obligation. The County will notify the Provider 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 County to terminate this Agreement during the term, or any service hereunder, merely in order to acquire identical services from a third party contractor.

**16.** Respondents shall not write in margins or alter the official content or requirements of the County Application documents.

**17. Respondent should be aware of the following statutes that represent “Truth in Contracting” laws**:

1. N.J.S.A 2C:21-34. et seq. governs false claims and representations by Respondent. It is a serious crime for the Respondent to knowingly submit a false claim and/or knowingly make material misrepresentation.
2. N.J.S.A. 2C:27-10 provides that a public servant commits a crime if said public servant solicits or receives a benefit directly or indirectly, for an official act performed or to be performed by a public servant, which is a violation of official duty.
3. N.J.S.A 2C: 27-11 provides that a Respondent commits a crime if said person, directly or indirectly, confers or agrees any benefit not allowed by law to a public servant.
4. Respondent should consult the statutes or legal counsel for further information.

**18. N.J. Business Registration Program**

Certificate required pursuant to C57, PL2004; failure to be registered by time of contract award may be cause for rejection.  Entities or individuals that need to file for a certificate may do so on-line through the NJ Division of Local Government Services at the following link:

<http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

**19. “Pay to Play” – Notice of Disclosure Requirement – P.L. 2005, Chapter 271, Section 3 Reporting (N.J.S.A. 19:44A – 20.27)**

1. Any business entity that has received $50,000 or more in contracts from government entities in a calendar year is required to file an annual disclosure report with ELEC. The instructions and form are available on the ELEC website.
2. Annual Disclosures require submission by March 30th of each year covering contracts and contributions for the prior calendar year.
3. At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC’s website at [www.elec.state.nj.us](http://www.elec.state.nj.us).
4. If you have any questions, please contact ELEC at: 1-888-313-ELEC (3532) (toll free in NJ) or 609-292-8700

**20. Non-payment of Penalties and Interest on Overdue Bills**

Public funds may be used to pay only for goods delivered or services rendered. County of Morris 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.

**21. W-9**

Successful Provider/Respondent shall complete and submit the W-9 Form prior to contract award.  The form is available at the following link: [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf)

**22. PUBLIC EMERGENCY**

In the event of a Public Emergency declared at the Local, State or Federal Level, if the County of Morris opts to extend terms and conditions of this Application, the Provider agrees to extend the terms and conditions of this Application, 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 Provider cannot meet this requirement, the County may award funding to another Respondent on this application.

**23, DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

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.

**24.** Provider understands that **the specifications herein are incorporated into and are fully part of any contract as may be awarded** as result of this application submittal.

**COUNTY OF MORRIS**

**APPLICATION DOCUMENT CHECKLIST**

**Required Read, Signed, &**

**With Submitted-Respondent’s**

**Application Initials**

**A. MANDATORY ITEM(S), REQUIRED AT THE TIME OF APPLICATION:**

Stockholder Disclosure Certification OR written verification of FOR PROFIT

OR NOT-FOR-PROFIT ENTITY (Title 15A of NJ Statute (N.J.S.A. 10:5-3 1

et seq) \_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment of Receipt of Addenda (to be completed if addenda are

Issued \_\_\_\_\_\_\_\_\_\_\_\_\_

Disclosure of Investment Activities in Iran \_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Collusion Affidavit \_\_\_\_\_\_\_\_\_\_\_\_\_

Required Evidence EEO/Affirmative Action Regulations Questionnaire \_\_\_\_\_\_\_\_\_\_\_\_\_

Business Registration Certificate – Respondent (Preferred with response

but effective at award of contract) \_\_\_\_\_\_\_\_\_\_\_\_\_

Americans with Disability Act of 1990 Language (Preferred with

response but mandatory prior to award of contract) \_\_\_\_\_\_\_\_\_\_\_\_\_

NJ Anti-Discrimination Provisions (Preferred with response but

mandatory prior to award of contract) \_\_\_\_\_\_\_\_\_\_\_\_\_

Application Signature Page (page 21) \_\_\_\_\_\_\_\_\_\_\_\_\_

Mandatory Community Outreach Signature Page (page 22) \_\_\_\_\_\_\_\_\_\_\_\_\_

Application for Year 2023 Community Based funding (pages 28-33) \_\_\_\_\_\_\_\_\_\_\_\_\_

W9 (Preferred with response but mandatory prior to award of contract) \_\_\_\_\_\_\_\_\_\_\_\_\_

License(s), Certification(s), and Insurance(s) required by the specifications \_\_\_\_\_\_\_\_\_\_\_\_\_

Documentation of a Valid Certificate of Incorporation or Formation of

Good Standing Certificate \_\_\_\_\_\_\_\_\_\_\_\_\_

**B.** **MANDATORY ITEM(S), REQUIRED NO LATER THAN TIME PERIOD**

**INDICTATED:**

List of Board of Directors including a meeting schedule, names of officers,

and an indication of any who receive remuneration for any reason \_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s affirmative action and non-discrimination policies \_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide one (1) original and 1 copy**

**Respondent Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**COUNTY OF MORRIS**

# STOCKHOLDER DISCLOSURE CERTIFICATION

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

**FAILURE OF THE RESPONDENT TO SUBMIT THE REQUIRED**

**INFORMATION IS CAUSE FOR AUTOMATIC REJECTION**

**CHECK ONE:**

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more

of the issued and outstanding stock of the undersigned.

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

**Legal Name of Respondent Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check which business entity applies:**

Partnership  Corporation  Sole Proprietorship

Limited Partnership  Limited Liability Partnership  Limited Liability Corporation

Subchapter S Corporation  Nonprofit

Other

**Complete if the Provider/Respondent is one of the 3 types of Corporations**:

Date Incorporated: Where Incorporated:

**Business Address**:

Street Address City State Zip

Telephone # Fax # Email

Listed below are the names and addresses of all stockholders, partners or individuals who own 10% or more of its stock of any classes, or who own 10% or greater interest therein.

Name Home Address

Name Home Address

Continue on Additional Sheets if Necessary: Yes  No

Signature: Date:

Printed Name and Title:

**COUNTY OF MORRIS**

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

The undersigned Provider/Respondent hereby acknowledges receipt of the following Addenda:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ADDENDUM**  **NUMBER** |  | DATE |  | ACKNOWLEDGE RECEIPT (Initial) |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| --- | --- |
| Acknowledged for: |  |
|  | (Name of Respondent) |

|  |  |  |
| --- | --- | --- |
| By: |  | |
|  | (Signature of Authorized Representative) | |
|  | |  |
| Name: |  | |
|  | (Print or Type) | |
|  | |  |
| Title: |  | |
|  | |  |
| Date: |  | |

**\*REQUIRED ONLY IF ADDENDA IS ISSUED\***

**Will be posted to the website on Wednesday, July 3, 2024**

<https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Funding>

**COUNTY OF MORRIS**

**Disclosure of Investment Activities in Iran**

**Respondent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 1: Certification**

RESPONDENTS ARE TO COMPLETE PART 1 BY CHECKING **EITHER BOX**.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at [www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf](http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf). Respondents must review this list prior to completing the below certification. Failure to complete the certification may render a Respondent's application non- responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and 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.

CHECK THE APPROPRIATE BOX:

I certify, pursuant to Public Law 2012, c. 25, that neither the Respondent listed above nor any of the Respondent's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury’s list of entities determined to be engaged in prohibited 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 an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

**OR**

I am unable to certify as above because the Respondent and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**Part 2: Additional Information**

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activates in Iran on additional sheets provided by you. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part 3: Certification**

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 Morris is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County of Morris to notify the County of Morris 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, and 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 Morris and that the County of Morris at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**COUNTY OF MORRIS**

**NON-COLLUSION AFFIDAVIT**

State of New Jersey

County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ss:

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 firm of

(title or position) (name of firm)

the Respondent making this Application for the program

entitled , and that I executed the said application with

**(**title of proposed program)

full authority to do so; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive application in connection with the above named project; and that all statements contained in said application and in this affidavit are true and correct, and made with full

knowledge that the relies upon the truth of

(name of contracting unit)

the statements contained in said Application and in the statements contained in this affidavit in awarding the contract for the said project.

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)

Subscribed and sworn to before me this day, , 20 :

Signature of affiant

Type or print name of affiant

Notary public of

My Commission expires

(Seal)

**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 Respondents are required to submit evidence of appropriate affirmative action compliance to the County of Morris and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the County of Morris files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the County of Morris, 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 of Morris 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 of Morris 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 of Morris. 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](http://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 application shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(REVISED 4/10)

**EXHIBIT A**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**

**N.J.A.C. 17:27**

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. l7:27-5.2.

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](http://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**.

**COUNTY OF MORRIS**

**New Jersey Business Registration Requirements**

Pursuant to N.J.S.A. 52:32-44, the County of Morris is prohibited from entering into a contract with an entity unless the Respondent/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/proposal/application shall provide proof of business registration to the Respondent, 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](http://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 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.

**ALERT**

**FAILURE TO POSSESS A**

**NEW JERSEY BUSINESS REGISTRATION CERTIFICATE**

**MAY BE CAUSE FOR REJECTON OF YOUR PROPOSAL RESPONSE**

THESE ARE **SAMPLES** OF THE **ONLY** ACCEPTABLE

BUSINESS REGISTRATION CERTIFICATES.

FAILURE TO POSSESS A NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

MAY BE CAUSE FOR REJECTION OF YOUR PROPOSAL RESPONSE

REGARDLESS OF THE FACT THAT A COPY MAY ALREADY BE ON FILE WITH THE

COUNTY OF MORRIS



**county of morris**

**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 11 of the Americans With Disabilities Act of 1990 (the "Act") *(42* *U.S.C. S121 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Type or print name

**COUNTY OF MORRIS**

**NEW JERSEY ANTI-DISCRIMINATION PROVISIONS**

**N.J.S.A. 10:2-1 ET SEQ.**

Pursuant to N.J.S.A. 10:2-1, if awarded a contract, the contractor agrees that:

1. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
2. No contractor, subcontractor, nor any person on his/her behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
3. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of $50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
4. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Type or print name

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TECHNICAL SPECIFICATIONS TO FOLLOW



**COUNTY OF MORRIS**

**RFA APPLICATION FORM/SIGNATURE PAGE**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO THE COUNTY OF MORRIS**

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

**APPLICATION FOR YEAR 2025**

**APPLICATION FOR COMMUNITY BASED FUNDING – NAVIGATING HOPE**

**RFA #25-02**

**Contracts for the above mentioned RFA may be issued to the Provider based on the Evaluation Criteria, considering cost and other factors, as determined to be in the best interest of the County of Morris.**

Provider understands that the specifications herein are incorporated into and fully part of any contract as may be awarded as a result of this application submittal.

(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 Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Agent Type or Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Agent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number

**COUNTY OF MORRIS**

**MANDATORY COMMUNITY OUTREACH SIGNATURE PAGE**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO THE COUNTY OF MORRIS**

The undersigned declares that he/she has read the statements below and agrees, if this application is accepted, to complete the mandatory community outreach services below:

**Mandatory Outreach/Community Education Requirement**

All applicants awarded a 2025 Morris County subgrant agreement will have to complete a mandatory of four (4) community outreach/community education events throughout the year. These events will need to be reported on the Morris County Quarterly Report form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Agent Type or Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Authorized Agent Date

**SCOPE OF WORK**

**County of Morris**

**Applications for 2025 Navigating Hope – Care Manager**

**RFA #25-02**

**Purpose:** The County of Morris seeks to continue funding support to the Navigating Hope mobile outreach team. The Navigating Hope mobile outreach team provides face-to-face support to help individuals access a broad range of services including, but not limited to, benefit eligibility, social services, housing support services, care management services, and referrals to various community resources. All services are offered in a Stigma-Free environment.

**Program Model:**

The County of Morris is seeking applications for a Care Manager, a Navigating Hope team member. The Care Manager will be supported through this RFA and staffed by a Morris area nonprofit organization. The intention of this expanded mobile outreach model is to offer the greatest flexibility and autonomy of service provision based on demand. Human Services Office of Temporary Assistance (OTA) workers will staff the outreach vehicle. As a Navigating Hope team member, the Care Manager’s key role in this partnership is to provide extended care management in the community to Navigating Hope clients with the goal of achieving stability and improved quality of life. The Care Manager will also act as the connector to additional community resources as needs arise beyond OTA’s capabilities. Additionally, the Care Manager will staff the outreach vehicle at least twice per week, with additional days when warranted, focusing especially on the Code Blue season. This will include untraditional hours such as nights, weekends, and holidays.

The Care Manager position is full time. In addition to staffing the mobile outreach vehicle as outlined above, the Care Manager is expected to manage a minimum of a 30-person caseload following initial assessment. Referrals for care management under this grant will only include individuals referred by the Navigating Hope team.

The Navigating Hope Mobile Outreach Team will include:

* Care Manager, staffed by a Morris County area nonprofit and funded through this grant
* Human Services Office of Temporary Assistance staff members (may include an interviewer, social worker, driver, outreach coordinator)
* Veteran’s staff as requested
* Aging staff as requested
* Child support staff offered via skype

Services offered by the mobile outreach team will include:

* Emergency shelter year-round per current County protocols and with the expanded resources that will be made available through this grant. The grant will give high priority to Code Blue needs as directed by state legislation. The successful applicant will be a key partner with Code Blue services.
* Services to homeless individuals, including access to affordable housing resources
* Aging & Veterans Services
* Medicaid assistance
* SNAP assistance
* TANF/GA assistance
* Child Support Services
* Transportation
* Linkages to critical community services/resources

**Requested Services to be Fully Operational within a month of the award:**

**Care Manager**: A Morris community provider will staff the Care Manager position. The primary role of the Care Manager will be to provide the care management necessary to navigate the service system to achieve a sustained quality of life. It is expected that the Care Manager will maintain a minimum of a 30-person caseload based on Navigating Hope eligibility requirements. All others will be served through the traditional system of care. As stated above, the Care Manager will staff the vehicle a minimum of twice per week and act as primary connector to additional community services based on client needs.

**Emergency shelter and related services**: The successful applicant will be a key partner in the management of Code Blue emergency shelter needs.

**Applicant eligibility criteria:**

* Must be a currently established Morris County human services provider located within Morris County
* Have a proven track record serving individuals who are homeless and/or at-risk of homelessness
* An in-depth knowledge of the publicly funded continuum of care and how it works
* A proven track record of cultivating strong partnerships to benefit the Morris County community
* Capability to offer 24/7 on-call or on-site services
* Expertise that will allow for Master’s level supervision of the Care Manager
* Capability to initiate the program within 30 days of winning the award
* A participant in the homeless Coordinated Entry Assessment program.

Important elements of the program design include the Care Manager, responding to Code Blue needs, and flexibility to utilize grant funding for a variety of “wrap around” services for the Navigating Hope client.

**Nonprofit will provide:**

* Care Manager(s), including supervision
* Coordinated Entry Assessments
* Staff transportation to various locations to meet the Navigating Hope vehicle.
* Necessary computer laptops and cell phones

**The County will provide:**

* Navigating Hope vehicle
* County Human Services staff
* Wireless internet connection

**2025 Community-Based Funding**

**Application Instructions**

**Morris County Department of Human Services**

**Application Specific Instructions**

**The entire application must be read in its entirety before completion and submission. Below should be used for clarification purposes only.**

Application submission

* 3 methods of submission for the 2025 Application
  + Mail
  + In-person – drop box at the entrance of 1 Medical Drive will be available
  + FedEx

Section I – Agency Description

* Purpose: To give the Morris County Department of Human Services a description of your agency and explain collaborations (past, current, or future).

Section II – Proposed Program Information

* Purpose: To give the Morris County Department of Human Services a detailed description of the proposed program.
  + Part A – Be descriptive including all information requested. This is the section to explain your program in great detail
  + Part B – Explain a client’s progression specific to the program you are applying for.

Section III – Personnel and Program Implementation

* Purpose: To give the Morris County Department of Human Services a detailed description of personnel and anticipated needs that will be involved in the proposed program.

Section IV – Program Output Measurements

* Purpose: To give the Morris County Department of Human Services a detailed description of how the effectiveness of the proposed program will be measured.
  + Part A – Be specific when addressing expected goals and measurements. Also, activity measurements must address indicators that measure actual outcomes – not general outcomes.

**Example chart** – program measurement for proposed program

|  |  |  |
| --- | --- | --- |
| **Service Provided** | **Goals for consumers to achieve** | **How will the goals met be measured/determined** |
| What is the service being provided? | What are the participants expected to gain from service activities? | What indicators will be used to measure the goals achieved? |
| House Cleaning | Residences that are clean, allowing seniors to stay in their homes safely. Reduce falls due to accidents. | Client surveys will ask whether the cleanings provided kept their residence safe from clutter (fall risk), whether they would have been able to maintain a clean home without the services (health risk), and whether they were satisfied with the cleaning. |
| Intensive Outpatient treatment for substance use | Establish and maintain abstinence while increasing knowledge of the substance use process and treatment, strengthening coping skills, develop relapse prevention plans, build a sober support network, and improve family relationships. | Negative urine screening results, program attendance and completion of program, documentation of achieved treatment plans including goals and objectives, and pre and post surveys to determine if coping skills, support network, and family relationships were strengthened. |

* + Part B – Be specific to address actual measurement – not general outcomes.

**Example chart** – actual program measurement for existing program

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Goals for consumers/program to achieve** | **How were the goals that were met measured/determined** | **Outcome of goals** |
| Chore/Housekeeping | Residences that are clean, allowing seniors to stay in their homes safely. Reduce falls due to accidents. | Client surveys will ask whether the cleanings provided kept their residence safe from clutter (fall risk), whether they would have been able to maintain a clean home without the services (health risk), and whether they were satisfied with the cleaning | 50 consumer surveys were returned. 95% of consumers stated their home was clean of clutter and safer. 100% of consumers did not experience a fall in their home due to clutter. 97% of consumers were satisfied with the service. |
| Intensive Outpatient treatment for substance use | Establish and maintain abstinence while increasing knowledge of the substance use process and treatment, strengthening coping skills, develop relapse prevention plans, build a sober support network, and improve family relationships. | Negative urine screening results, program attendance and completion of program, documentation of achieved treatment plans including goals and objectives, and pre and post surveys to determine if coping skills, support network, and family relationships were strengthened | 25 consumers were in the program and 100% had negative urine screening results, 98% complied with attendance and completed the program, and 98% achieved treatments goals and objectives. 22 consumer surveys were returned and 99% showed stronger coping skills, support networks, and family relationship improvements. |

Section V – Funding Specifications

* Purpose: To give the Morris County Department of Human Services a detailed description of the proposed funding for the program.
  + Part A – Must specifically define the unit of service
  + Part B – Must specifically state the unit cost for each unit of service listed in Part A
  + Part C – Complete the chart and be specific to the funding dedicated to each budget expense category. The chart must support the total funding requested and the unit cost described in Section V Part B
  + Part D – Be specific to what percentage (%) of the proposed program will be covered by the proposed funding.
  + Part E – Be specific to the other funding sources and amounts that will be used to cover the proposed program.

Funding must be utilized for direct or indirect cost specifically allocated to the contracted program.

Total funding provided to the program by the county of Morris cannot exceed the expenses for the program, as a profit cannot be made on these grant funds.

Section VI – Emergency Preparedness

* Purpose: To inform the Morris County Department of Human Services if your organization has an emergency preparedness plan.

### Department of Human Services of the County of Morris

**SCOPE OF WORK**

**Request For Applications**

**Submission Deadline: July 16, 2024, 2:00 p.m.**

**2025 Funding Application Form**

**MUST BE TYPED**

***All Applications are due by 2:00 p.m., Tuesday, July 16, 2024.***

***All sections must be completed. Incomplete/late applications will be returned unopened.***

Agency:

Director:

Address:

Program:

Contact Person:

Telephone:      -     -      Fax:     -     -

E-mail: Click or tap here to enter text.

Type of Agency:  Voluntary  For Profit

Not-for-Profit  Faith Based

Public

**Funding Amount Requested:** $

**Proposal Summary:**

*Please provide a brief description of the program, who will be served, the outcomes you wish to achieve, and what funding priorities will be addressed.*

Click or tap here to enter text.

**Funding Stream Requested**

**Navigating Hope -** County funding for care management for operations and staffing for a Morris County mobile outreach service

**Type of Program**

Check ALL that apply

New (not currently funded by Morris County)

Currently Funded by Morris County

Expansion of Existing Program (currently funded by Morris County)

**Section I** **– Agency Description**

1. Provide a brief summary of the agency’s history and describe the services and programs currently provided.

1. Is your agency involved or exploring collaborative efforts with other Morris County non-profit agencies? If yes, please describe.

**Section II – Proposed Program Information**

1. Provide a detailed description of the proposed program, service or specific activities to be funded. Include information regarding the geographic area to be served, where the service will be provided, hours/days of operation and transportation options.

1. Provide a detailed description of the target population to be served and how it relates to the priority population for the selected funding stream.

1. Outline a client’s progression through the program. Include point of access, client intake, anticipated service delivery time frames, development of service plan, reassessment, discharge procedure and follow-up.

1. Describe how the program will provide reasonable accommodations for individuals with specific needs; such as, but not limited to:

* Language barriers
* Mental illness
* Disabilities
* HIV/AIDS

1. Does the proposed program fill a gap in service? If the program is new explain the identified needs that will be met. If the program is operational and/or expanding, explain the gap(s) that would be created if the program was not funded.

**Section III – Personnel and Program Implementation**

1. List the staff positions involved with the proposed program and indicate the anticipated percentage of the time directly allocated to the program for each employee listed below.

1. State the program’s professional training and ongoing staff development plan.

1. Identify the steps needed to implement the proposed program, including anticipated completion dates (i.e. hiring dates, purchasing materials, etc.)

**Section IV – Program Output Measurements (the action or item that contributes to achieving an outcome) Section IV – Program Measurements (give a detailed description of how the effectiveness of the proposed program will be measured)**

1. The County of Morris requires all funded programs and services to have a process that measures effectiveness. Please complete the following measurement tool as it pertains to your program.

|  |  |  |
| --- | --- | --- |
| **Service Provided** | **Goals for consumers to achieve** | **How will the goals met be measured/determined** |
|  |  |  |

1. If this program is currently operational, please provide **specific data** to justify the effectiveness of this program using the measurements cited above.

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Provided** | **Goals for consumers/program to achieve** | **How were the goals met measured/determined** | **Outcome of goals** |
|  |  |  |  |

**Section V – Funding Specifications**

1. Define each unit of service for the proposed program. Be specific and discrete. (e.g., bed day, counseling hour, education session)

1. What is the unit cost for each unit of service described in (A) above.

1. Based on your total funding request, complete the chart below to support the unit cost(s) stated above (if needed, a separate sheet can be provided):

|  |  |
| --- | --- |
| **Budget Expense Category** | **Amount** |
| **Direct Service Personnel:** |  |
| Salary by Title |  |
| Title 1 | $ |
| Title 2 | $ |
| Title 3 | $ |
| Title 4 | $ |
| **Total Salary** | **$** |
| Fringe/Benefits/Taxes etc.. | $ |
| **Total Direct Service Personnel** | **$** |
|  |  |
| **Direct Service Operating Expenses:** |  |
| Consultants | $ |
| Office Supplies | $ |
| Printing | $ |
| Postage | $ |
| Communication (Phone/Mobile/Wi-Fi/etc.) | $ |
| Travel | $ |
| Vehicle Maintenance | $ |
| Vehicle Fuel | $ |
| Insurance | $ |
| Occupancy | $ |
| Equipment | $ |
| Other Expenses (please list) |  |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **Total Direct Service Operating Expenses** | **$** |
|  |  |
| **Indirect Costs** | **$** |
|  |  |
| **Total Expense Budget** | **$** |
|  |  |
| **Total Number of Units to be Served** |  |

1. List the anticipated unduplicated clients to be served by the proposed program for the contract period.

**TOTAL ANNUAL CLIENTS:**

1. What percentage of the total program cost will the requested funding support?

1. List other funding sources and the amounts that will be used for the proposed program.

1. Does the program accept monetary or in-kind donations to offset program costs? If so, explain.

1. Will there be a financial eligibility requirement for the program? If so, will a sliding scale fee? Please explain.

**Section VI – Emergency Preparedness**

1. Does your agency have an emergency preparedness plan?

**Morris County Department of Human Services**

**2025 Funding Request Evaluation Description**

|  |  |
| --- | --- |
| **Category** | **Description** |
| Agency and program performance | * Program summary * Description of services * Addressing gaps in service * Emergency preparedness * Agency performance/output measurements - tool and the ability to measure actual results, specific activities and indicators to measure actual outputs, program effectiveness if the program is currently operational. Specific proposed outputs and actual outputs indicated in the chart will be evaluated |
| Personnel and program implementation | * Staffing plan for the proposed program * Adequate staffing to meet the level of service described in the proposed program * Anticipated implementation dates * Training * Staff development plans |
| Funding specification | * Unit of service and unit cost * Chart completed to support total funding request and the unit cost * Clear calculation of unit cost(s), funding requests, and budget expenses * Other sources of funding * Anticipated unduplicated and annual client served |
| Consumer program accessibility and experience | * Description of financial eligibility and sliding scale * Accessibility * Target population * Client access to services (how they begin getting services, referrals, etc.) |