

## **REQUEST FOR PROPOSALS**

NOTICE IS HEREBY GIVEN that sealed Requests for Proposals (“RFPs”) for Addressing Needs to Connect Help for Overdose Recovery (ANCHOR formally known as **Blue Hart**) will be received by the OCEAN COUNTY BOARD OF HEALTH or its designee at the Ocean County Health Department Building, 175 Sunset Avenue, Toms River, New Jersey, 08754 on **September 25, 2019** at 4:30 PM prevailing time where they will be opened and read aloud. Late submissions shall not be entertained.

Standardized submission requirements and selection criteria for all requests for proposals may be obtained from Corinne Cipully, Senior Account Clerk, during the hours of 9:00 a.m. to 4:30 p.m. Monday through Friday. Email: [ccipully@ochd.org](mailto:ccipully@ochd.org). Telephone (732) 341-9700 x 7270.

All proposals are being solicited through a fair and open process in accordance with N.J.S.A. 19:44A-20.4 et. seq.

All Requests for Proposals are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 and N.J.S.A. 52:32-44. All proposers must be fully licensed to carry out the duties of their respective professions as required by State law.

The Ocean County Board of Health reserves the right to reject any or all proposals and waive any informality or technicality in any proposal as determined to be so in the best interest of the Ocean County Board of Health.

***Oren Thomas***  
Purchasing Agent

## **INTRODUCTION**

In accordance with N.J.S.A. 19:44A-20.4 et seq., the Ocean County Board of Health is requesting proposals from agencies for Addressing Needs to Connect Help for Overdose Recovery (ANCHOR formally known as **Blue Hart**) (#P090519B) for the Ocean County Health Department for the calendar year 2020.

## **SCOPE OF WORK**

### **Subject**

Announcement of availability of approximately \$40,000 for behavioral health agencies to provide navigation and linkage to treatment with follow up for residents that would report to a participating municipal police department from the County of Ocean, through the Ocean County Board of Health and with the review and advice of the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA).

### **Program Timeframes**

The programs to be supported by the respective funds are anticipated to commence on January 1, 2020 and terminate on or before December 31, 2020.

### **Summary**

The Ocean County Board of Health announces that proposals are being accepted for the purpose of awarding grant funding received by the Ocean County Health Department to provide fee for service Alcoholism and Drug Abuse Treatment Services which includes: **navigation, linkage and case management follow up for residents**, consistent with the needs identified in the Comprehensive Alcohol and Drug Abuse Plan

The Ocean County Board of Health reserves the right to not award funding or to cancel funding in full or in part in the event of budget restrictions due to a change in State funding, county funding or other justifiable cause. All funding is contingent upon availability of funds from the State and is at the sole discretion of the County of Ocean and the Ocean County Board of Health. Additionally, funding for the 2020 calendar year is contingent upon successful performance reviews and approval of applications by the County Alcoholism and Drug Abuse Services Unit and LACADA recommendations.

## **TERMINATION OF AGREEMENT FOR CAUSE**

If the SUCCESSFUL BIDDER shall fail to fulfill in a timely and professional manner the obligations under this agreement, or if the SUCCESSFUL BIDDER shall violate any of the covenants, provisions, or stipulations of this agreement, the OCEAN COUNTY HEALTH DEPARTMENT shall thereupon have the right to terminate this agreement by giving written notice to the SUCCESSFUL BIDDER of such termination and specifying the effective date thereof, at least thirty (30) days prior to the effective date of such termination.

### **Process**

1. Bidders shall submit one original proposal and four copies prior to the time on the date on which they are to be opened. Proposals cannot be considered if they are late or incomplete. No substitute forms will be accepted. All charges for services to eligible clients must be included in funds requested. NO ADDITIONAL FEES beyond the approved fee schedule can be reimbursed, if client is found to be eligible for county funding through the Division of Addiction Services Income Eligibility module in NJSAMS.

2. The Ocean County Health Department will convene a committee to review each submission for completeness and accuracy. The submissions will then be forwarded to the Allocations Review Subcommittee of the LACADA who will review them and make recommendations to the full LACADA. The LACADA will then vote and make recommendations to the Board of Health and the Board of Chosen Freeholders. The Alcoholism and Drug Abuse Coordinator may request further information from the applicant in writing or in person.

### **Applicant Eligibility Criteria**

1. All applicants must provide their service(s) and have a business address in the State of New Jersey.
2. Applicants must submit proof of appropriate licensure or certification/credential for levels of care services provided. Additionally, requirements may be included in the body of the RFP.
3. Applicants must submit separate proposals for each level of care in which they are submitting a proposal.
4. Applicants may apply for a specific population or all target populations unless otherwise noted.
5. All awardees must maintain a minimum of \$3 million/aggregate and \$1 million/per incident of both general/commercial liability insurance and malpractice/medical professional liability insurance. They must also have the Ocean County Board of Health, Ocean County Health Department, its Officers, Employees and Agents named as an additional insured and provide the Ocean County Board of Health with a Certificate of Insurance showing the same.
6. All awardees are expected to adhere to all applicable State and Federal cost principles. Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the proposed goals and objectives.
7. All awardees must be a Medicaid reimbursable provider except for early intervention, new programs (depending on program description) and recovery support services.

## **Purpose**

Through the award of these funds and other programs and projects, the Ocean County Board of Chosen Freeholders and the Ocean County Board of Health hope to reduce the incidence, prevalence, and impact of alcoholism and drug abuse in Ocean County. It is the intent of the Ocean County Board of Health to provide funding support in 2020 dependent on State and County funding availability, satisfactory performance of the applicants, and compliance with providing the adequate services proposed.

## **Ocean County Board of Health Alcoholism and Drug Abuse Services Request for Proposal**

Name of Applicant

Program Applying For:

### **MANDATORY ATTACHMENTS**

*\*All documents must be submitted in the following format. Any deviations from the format may result in the application being rejected from the review process.*

*\* All proposals must be done in a professional, organized manner as outlined and submitted in a binder. Please follow the order of Section I and Section II below.*

*\*All pages of the submission must be numbered sequentially.*

### **SECTION I**

#### **Failure to submit any of these documents may be cause for rejection of proposal:**

- A. NJDMHAS License or documentation of application
- B. Board of Director's List
- C. Charitable Registration Certificate
- D. Most Recent Financial Report
- E. All required documents listed below in bold

#### **Program Plan:**

**Successful applicants will establish a linkage with local police departments to have a day in which residents can come to the police department and then be linked to applicant. Agency will provide a face-to-face evaluation for treatment and make appropriate linkages. Agency will have two options after evaluation:**

- 1) Follow client for 12 weeks with phone calls follow up**
- 2) Link client to recovery support services for non-clinical case management and telephone case management**

#### **Scoring Topics**

### **SECTION II: Failure to submit any of these documents may be cause for rejection of proposal**

- A. Applicant's Organization
- B. County-wide accessibility
- C. Program Plan that meets the identified needs in the Comprehensive Alcohol and Drug Abuse Plan
  1. Description of each program and how it meets an identified need in Ocean County

2. Eligibility Requirements for Client
3. Measurable Goals & Objectives
4. Methods
5. Staff and Administrative Support (resumes, professional licenses and credentials must be included)
6. Evaluation

D. Community Linkages & Continuum of Care Services

E. History Providing Ocean County Funded Services

F. Budget and Proposed Level of Service

**Reminder** – Format the Sections as listed above. If it is your intent to leave a Section empty, the Section should be included with a note to indicate “Intentionally left blank.” A separate application is needed for each level of care.

## **SECTION II (DETAILS)**

### A. Applicant’s Organization

Describe the agency’s history and track record providing substance abuse treatment to Ocean County residents.

Supply agency policy information on staff training, continuing education and quality assurance. Describe the applicant’s history providing services for Ocean County residents that were funded by an Ocean County government entity, i.e. Ocean County Board of Health, Department of Human Services, Youth Services Commission, Board of Chosen Freeholders, etc.

### B. County-wide Accessibility

Describe the level of accessibility to the proposed service from various regions within Ocean County. Please include addresses of all sites where *this* proposed level of care will be available and the number of days per week/month when the proposed level of care will be available at each site. Provide a marketing plan as to how the agency will reach clients including special needs population as defined by Chapter 51 (seniors, disabled clients, women, youth, co-occurring, offenders, DUII) and non-English speaking clients throughout the county.

### C. Program Plan

1. Description of the navigation, linkage, and follow up case management program (please include flow chart). Provide details on how your agency will operationalize this program.
2. Data from previously run programs/initiatives similar to this program.

Provide data and support on your agency’s history on running this type of program. If previous data exists, discuss how your agency will collaborate with the OCHD on data analysis.

3. Information on the police departments the agency will link with for this program including days/times
4. Affiliation agreement and/or letter confirming collaboration with police department
5. Eligibility Requirements for Client
6. Measurable Goals & Objectives

Please describe the goals the applicant hopes to achieve by providing this proposed level of care to Ocean County residents; including how the special needs population will be served. Use objectives to describe how the goals will be met. Objectives should be *specific, quantified and measurable*.

Clearly define the agency definition of a successful outcome. Offer specific measurable criteria such as “The client will continue to seek care and or will remain abstinent for (x amount of time)”. Also include how the agency will monitor client progress through the care continuum.

7. Staff and Administrative Support (resumes, professional licenses and credentials must be included)

Describe the staffing and supervision structure. Indicate who will provide administrative and clinical supervision and direction. Provide job descriptions, credential requirements and salary ranges for all positions related to the proposed program. Provide resumes of staff members identified to work in the proposed program. Provide staffing pattern for level of care and supervision plan for interns.

Provide the following:

Agency Contact for Grant

PACADA representative

Fiscal Contact

8. Evaluation and report back to the OCHD

Describe how the applicant will measure the quality, effectiveness and outcomes of the proposed program. All objectives must include the *output measures* that will be used to assess the extent to which desired service delivery has been met.

D. Continuum of Care and Community Linkages

Please describe how services will be provided to clients or how linkage will be made to the next level of care. Describe what type of community linkages the applicant anticipates will be needed by the population to be served and how those linkages will be facilitated. Letters of support or existing letters of agreement may be submitted to substantiate affiliation with the applicant. **Further, please describe your plan to track residents after they access this program to provide continued follow up in the community.**

E. Budget and Level of Service

Complete and submit the attached: Proposed Budget and Level of Service

\$100 for evaluation after referral from police department

\$13 per 15-minute phone call

\$88 per hour of face-to-face recovery supports

**Requirements:**

All agencies must screen clients using the Division of Mental Health and Addiction Services Income Eligibility (DASIE) module in NJSAMS to ensure equal access to all clients of all funding sources before proceeding with a clinical assessment for admission. All clients served under these funds must be entered in NJSAMS. All clients must have a completed ASI Narrative or other DMHAS approved instrument, DSMV IV/V diagnosis with justification and a Level of Care Index in NJSAMS and in the client’s record in order to determine the appropriate level of care. This information must be kept in client charts for review. Funds are to be used for Ocean County residents only who have resided in the county for at least six months. Residency verification is required. County funds can be accessed once in a 12-month period per client for the same level

of care. County funding to be accessed when other funding sources are not available if eligibility criteria is met: Ocean County resident for 6 months or longer, 350% under Federal Poverty Level (unless otherwise indicated), and cannot have used county funding in past 365 of current admission request.

Funding is based on a client's household income as per DASIE. Funding must be substantiated by provider through the DASIE and copies of household income and income verifications are to be maintained in the client chart. Agencies shall not discharge clients in order to receive alternate clients at a higher reimbursement rate. Funds made available under this contract cannot be used to supplant other funding, nor can it be used for insurance co-pays. Attach agency's sliding fee or co-pay scale, or no show fee.

All clinical staff must maintain all required licenses and professional liability insurance during this contract. Failure to maintain required licenses may be cause for immediate termination of this contract. Applicant will be responsible for all training and updates on the NJSAMS network and on DMHAS regulations for treatment agencies at their own expense. All required complete documentation for all clients must be fully completed by all clinical staff in NJSAMS.

Applicant is responsible for tracking clients in our monthly report, identifying those clients that are new or return clients, assessing for the proper level of care at the beginning of treatment, and provide a complete discharge summary that links clients to either the continuum of care or community support networks, as appropriate.

**Allowable costs:** Only bill for a unit of service such as cost per bed day and per session.

**ALL SUBMISSIONS SHALL INCLUDE THE FOLLOWING MINIMUM INFORMATION:**

1. A copy of the successful agency's professional liability insurance policy which is to be at a minimum level of \$1,000,000.00 per claim and a \$3,000,000.00 aggregate ceiling and, relationship with associates or counselors assigned under this contract.
2. Completed Fee Schedule
3. A copy of your New Jersey Certificate of Employee Information Report Approval pursuant to N.J.A.C. 17:21-1.1 et. Seq. or a completed form AA-302 Initial Employee Information Report.
4. A copy of your NJ Business Registration Certificate.
5. Non Collusion affidavit
6. Stockholder Disclosure Certification
7. American with Disabilities Act Certificate
8. Disclosure of Investment Activities in Iran Form
9. All documents as listed on the RFP Document Checklist

**SUBMISSION REQUIREMENTS:**

All responses to this Request for Proposals:

1. Will be opened publicly at the Ocean County Health Department, Board Room, 175 Sunset Avenue, Toms River, NJ, 08754 at the time and date listed above.
2. All submissions must be enclosed in a sealed envelope (enclosed) which bears the name and address of the submitter, the name and number of this RFP, and the RFP due date on the outside of the envelope.
3. Responses which are to be hand delivered the day of the opening must be taken and presented to Corinne Cipully, Senior Account Clerk by the time the responses to this RFP are due.
4. Responses to the RFP which are to be mailed shall be mailed to:  
  
Ocean County Board of Health  
Oren Thomas, Purchasing Agent  
175 Sunset Ave.  
P.O. Box 2191  
Toms River, NJ 08754-2191
5. The Ocean County Health Department will not be responsible for late mail deliveries and no responses to this RFP will be accepted by the Ocean County Health Department if received after the time stipulated above.

**SELECTION CRITERIA:**

The selection will be made by a committee who will score the submissions based on proposer's ability to perform task outlined in the Request for Proposal specifications.

The Ocean County Board of Health shall award a contract to the successful applicant that best meets the needs and interests of the Ocean County Health Department. The Ocean County Board of Health reserves the right to negotiate the terms and conditions of this contract with the successful applicant to obtain the most cost advantageous services for the Ocean County Health.



N.J.S.A. 10:5-31 and N.J.A.C. 17:27  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**Goods, Professional Services and General Service Contracts**  
**(Mandatory Affirmative Action Language)**

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, affection or sexual orientation or sex. Except with respect to affection or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affection or sexual orientation or sex. Such action 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 for the 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 or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act 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 employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable county employment goals determined by the Division, pursuant to 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, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affection or sexual orientation 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 applicable 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, creed, color, national origin, ancestry, marital status, affectional or sexual orientation 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

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance and EEO as may be requested by the Division 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 Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

**AFFIRMATIVE ACTION COMPLIANCE NOTICE**  
**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**

**GOODS AND SERVICES CONTRACTS**  
**(INCLUDING PROFESSIONAL SERVICES)**

**NOTE: This form is not applicable for individuals. Your Signature is still required below:**

This form is a summary of the successful responder's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

The successful responder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- (a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

- (b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

- (c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

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. 17:27.1 et seq. and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her response 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. 17:27-1 et seq.

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

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

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

# 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 bidder making this Proposal for the bid

entitled \_\_\_\_\_, and that I executed the said proposal with  
(Title of bid proposal)

full authority to do so that said bidder 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 named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Ocean County Health Department relies upon the truth of the statements contained in said Proposal 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 \_\_\_\_\_.

Subscribed and sworn to before me this day \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type or print name of affiant under signature)

\_\_\_\_\_  
Notary public of

My Commission expires \_\_\_\_\_

(Seal)

**STATEMENT OF OWNERSHIP DISCLOSURE**

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

**This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.**

**Name of Organization:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Part I Check the box that represents the type of business organization:**

Sole Proprietorship (skip Parts II and III, execute certification in Part IV)

Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)

For-Profit Corporation (any type)     Limited Liability Company (LLC)

Partnership     Limited Partnership     Limited Liability Partnership (LLP)

Other (be specific): \_\_\_\_\_

**Part II**

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

**OR**

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

**Part IV CERTIFICATION**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Atlantic County Utilities Authority** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **ACUA** to notify the **ACUA** 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, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **ACUA** to declare any contract(s) resulting from this certification void and unenforceable.

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

# ***AMERICANS WITH DISABILITIES ACT***

## Equal Opportunity for Individuals with Disabilities

The CONTRACTOR and the Ocean County Board of Health do hereby agree that the provisions of title II of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. 12101 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 thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Ocean County Board of Health 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 Ocean County Board of Health in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect and save harmless the Ocean County Board of Health, 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 Ocean County Board of Health grievance procedure, the CONTRACTOR agrees to abide by any decision of the Ocean County Board of Health which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Ocean County Board of Health or if the Ocean County Board of Health 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 Ocean County Board of Health 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 Ocean County Board of Health or any of its agents, servants and employees, the Ocean County Board of Health shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the or it Ocean County Board of Health's representatives.

It is expressly agreed and understood that any approval by the Ocean County Board of Health 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 Ocean County Board of Health pursuant to this paragraph. It is further agreed and understood that the Ocean County Board of Health 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 provision 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 Ocean County Board of Health from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

The Ocean County Board of Health does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in its programs or activities. The Ocean County Board of Health shall allow access to any books, documents, papers and records of the contractor, which are directly pertinent to that specific contract.

Compliance is required with all applicable standards, orders, or requirements issued under 306 of the Clean Air Act, Section 508 of the Clean Water Act, Executive Order 11738 and Environmental Protection Agency Regulations (40 CRF, Part 15) which prohibits the use under non-exempt federal contracts, grants or loans of facilities included on the EPA list of violating facilities.

"The Ocean County Board of Health considers it to be a substantial conflict of interest for any company desiring to do business with the Ocean County Board of Health to be owned, operated or managed by any Ocean County Board of Health employee, nor shall any Ocean County Board of Health personnel be employed by the vendor in conjunction with any work to be performed for or on behalf of the Ocean County Board of Health".

I HEREBY CERTIFY COMPLIANCE WITH THE FOREGOING.

Partnership

The undersigned is a Corporation under the law of the State

Individual

of \_\_\_\_\_ having principal offices

at \_\_\_\_\_.

\_\_\_\_\_  
NAME OF COMPANY, CORPORATION OR INDIVIDUAL  
- PLEASE PRINT -

**SIGNED BY:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND OFFICIAL TITLE

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_  
INCLUDE ZIP CODE

**TELEPHONE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**FEDERAL IDENTIFICATION NO.** \_\_\_\_\_



## **DISCLOSURE OF CONTRIBUTIONS**

### Disclosure of Contributions to New Jersey Election Law Enforcement Commission (ELEC)

N.J.S.A. 19:44A-20.27 establishes a new disclosure requirement for business entities. It requires that, when a business entity has received in any calendar year \$50,000 or more in public contracts with public entities, it must file an annual report with the Election Law Enforcement Commission (ELEC). The report shall disclose any contribution of money or any other thing of value, including an in-kind contribution, or pledge to make a contribution of any kind:

- To a candidate for or the holder of any public office having ultimate responsibility for the awarding of public contracts, or,
- To a political party committee, legislative leadership committee, political committee or continuing political committee.

The report will include all reportable contributions made by the business entity during the 12 months prior to the reporting deadline. ELEC will be promulgating a form and procedures for filing commencing in January 2007. ELEC can also impose fines for failure to comply with this requirement.

While the local unit has no role in this process, it is recommended that all bid or proposal specifications and contracts should include language notifying business entities of their potential obligation under the law. Such language could read as follows:

Starting in January 2007, all 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](http://www.elec.state.nj.us).

# DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

## PART 1: CERTIFICATION

### PROPOSERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a 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 parts, 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 <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Proposers **must** review this list prior to completing the below certification. **Failure to complete the certification will render the proposal 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 part in default and seeking debarment or suspension of the party.

#### PLEASE CHECK THE APPROPRIATE BOX:

- I certify, pursuant to Public Law 2012, c.25, that neither the proposer listed below or any of the proposer'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 below, or I am an officer or representative of the entity listed below 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 proposer 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 and sign and complete the certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

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## PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

### PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED ADDITIONAL ROOM, ADD ADDITIONAL PAGES.

Name \_\_\_\_\_ Relationship to Bidder/Owner \_\_\_\_\_

Description of Activities \_\_\_\_\_

Duration of Engagement \_\_\_\_\_ Anticipated Cessation Date \_\_\_\_\_

Bidder/Offeror Contact Name \_\_\_\_\_

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto 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 Ocean County Board of Health 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 Board to notify the Board 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 Ocean Board of Health and that the Board at its option may declare any contract(s) resulting from this certification void and unenforceable.

Name of Proposer: \_\_\_\_\_

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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# THIS FORM MUST BE COMPLETED AND SIGNED

## PROPOSAL DOCUMENT CHECKLIST

**Proposal Title:** Addressing Needs to Connect Help for Overdose Recovery (ANCHOR formally known as **Blue Hart**)

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Items required



Items submitted



### A. FAILURE TO SUBMIT ANY OF THESE DOCUMENTS MAY BE CAUSE FOR REJECTION OF PROPOSAL.

<u>X</u>	Copy of Proposer's New Jersey Business Registration Certificate	_____
<u>X</u>	Stockholder Disclosure Certification	_____
<u>X</u>	Non-Collusion affidavit	_____
<u>X</u>	Affirmative Action Certificate or Letter of Approval	_____
<u>X</u>	Americans with Disabilities Act	_____
<u>X</u>	Disclosure of Investment Activities in Iran	_____
<u>X</u>	Fee Schedule	_____

**PROPOSER:** \_\_\_\_\_

**SIGNED BY:** \_\_\_\_\_

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

**OCEAN COUNTY BOARD OF HEALTH**  
**Request for Proposal – ANCHOR (formally known as BLUE HART)**

**Proposed Budget and Level of Service – 2020**

<b>Section</b>		<b>Amount</b>
<b>A. Total Budget – Requested Funding</b>		\$ _____
	<b>Units (Specify per hour, per session, per bed)</b>	
<b>B. Statistical Client Data</b> 1. Number of Clients to be Served 2. Average number of Session Per Client	_____ _____	
<b>C. Total Level of Service Units</b> (Line B1 multiplied by line B2)	_____	
<b>D. Costs Per Unit of Service</b> (Line A divided by Line C)		\$ _____

Face to face evaluation                      \$100 per evaluation

12 weeks of follow up at:  
 Telephone case management calls        \$13 per 15-minute phone call (must bill to closest 15-minute interval, example 22-minute call would round down to 15 minutes)

Recovery Supports at:  
 Face to face session                        \$22 per 15-minute session  
 Telephone case management calls        \$13 per 15-minute phone call (must bill to closest 15-minute interval, example 22-minute call would round down to 15 minutes)

**PROPOSER:** \_\_\_\_\_

**SIGNED BY:** \_\_\_\_\_

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