

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

REQUEST FOR PROPOSALS

**Contingency Management and Other Strategies for the
Treatment of Stimulant Use Disorders**

March 10, 2022

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Division of Mental Health and Addiction Services

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I. Purpose and Intent

This Request for Proposal (RFP) is issued by the New Jersey Department Human Services (DHS), Division of Mental Health and Addiction Services (DMHAS) for the development of a Contingency Management program for stimulant use disorder. This RFP is funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response to Grants (SOR). The SOR grant period is September 30, 2020 to September 29, 2022. Funding is available for FFY 2022 and may be available for FFY 2023 depending on federal appropriations. The Contingency Management program is intended to be a two-year program. Total annualized funding is \$2,000,000 per year, subject to federal appropriations per year, which must include services and funds to provide contingency management for individuals who have a stimulant use disorder. DMHAS anticipates making five (5) awards up to \$400,000 each.

A pilot program to address the use of methamphetamine and cocaine use is proposed that will use contingency management and other behavioral therapies. At the time of issue of this RFP, the maximum incentive allowed is \$75 per client. If SAMHSA, as the funder relaxes this ruling, the incentive limit will be increased to up to \$500 per client. DMHAS will provide additional funding to the awardee(s) for the additional incentive cost.

Data for New Jersey indicates that the use of stimulants has increased dramatically in New Jersey from CY16 to CY19. In particular, cocaine admissions as either a primary, secondary or tertiary drug, increased 142% (from 11,070 to 15,691), crack increased 171% (from 5,785 to 9,890) and methamphetamine increased 416% (from 590 to 2,456). Across these three stimulants, there were 28,037 admissions in 2019. Since there is such a high risk of overdose with opioids and fentanyl, individuals with substance use disorder (SUD) are now seeking stimulants and methamphetamine, which are readily available.

The awardee will ensure that the services provided ensure diversity, inclusion, equity, and cultural and linguistic competence to the target population. The awardee will continually assess and utilize demographic data of participants' catchment area in its development and delivery of programming, evaluation, and program outcomes to ensure it is relevant to the population served. Additionally, the awardee will analyze data to implement strategies to increase program participation.

Stimulant use is on the rise in the United States. According to the 2018 National Survey on Drug Use and Health, an estimated 5.1 million people aged 12 or older misused prescription stimulants in the past year; approximately 1.9 million people aged 12 or older used methamphetamine in the past year with significant increases in use in those aged 26 and older; and 5.5 million people aged 12 or older used cocaine in the past

year.¹ Overdose deaths linked to psychostimulants increased approximately 22 percent from 2017 to 2018 and have increased more than three fold over the past five years. Deaths from cocaine, which can be laced with fentanyl, increased by 5 percent from 2017 to 2018 and are more than double what they were in 2015.² The combination of all types of stimulants with unknown amounts of fentanyl increases the risk of overdose and overdose deaths substantially. The number of cocaine- and other psychostimulant-related deaths has climbed sharply over the past few years. This can be partially explained by an increase in polydrug use. In recent years, more than 50 percent of all stimulant-related overdose deaths have also involved opioids.

Stimulant use is rising and becoming a public health crisis similar to the opioid epidemic. Illicit stimulants, like cocaine and amphetamines, are more accessible and have evolved to be purer, cheaper, and more potent. Stimulants are harmful to the cardiovascular system and can cause lung and brain diseases, stroke, and even death.

Stimulant use presents numerous risks:

- **Overdose:** Many individuals who use cocaine and methamphetamine do not have high tolerance for opioids, and they may not be aware of the overdose risk posed by fentanyl.
- **Cardiovascular Effects:** Cardiopulmonary consequences are common among individuals who use stimulants. Chest pain, hypertension, shortness of breath, and tachycardia are common in ER cases.
- **Effects on Teeth and Skin:** Dental disease (“meth mouth”) and other oral complications are common among individuals who use methamphetamine chronically. Oral health problems most often seen include cavities, tooth fracture, and periodontal disease (e.g., gingivitis, periodontitis).
- **Pulmonary Problems:** Many individuals who use cocaine and meth “smoke” their drugs which impacts their lungs. Problems include pulmonary edema, dyspnea (difficult or painful breathing), bronchitis, pulmonary hypertension, coughing up blood, chest pain, asthma exacerbation.
- **Neurologic/Psychiatric Problems:** Neurologic problems include strokes, seizures, chronic headache, cerebral swelling and hemorrhage, involuntary movements, and tics.

Treating addiction to stimulants is critical, but challenging. Unlike opioids, there is no FDA-approved medication currently available for stimulant use disorders. There are

¹ Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from <https://www.samhsa.gov/data/>.

² National Institute on Drug Abuse. (2019). *Overdose death rates*. Retrieved from <https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates>³ National Institute on Drug Abuse. (2019). *DrugFacts: What is fentanyl?* Retrieved from <https://www.drugabuse.gov/publications/drugfacts/fentanyl>

clinical challenges in the treatment of stimulant dependent individuals. Often these individuals are ambivalent about the need to stop use, exhibit impulsivity and poor judgement and have cognitive impairment and poor memory. Some may exhibit anhedonia. Generally, there is poor retention in treatment. Often there are elevated rates of psychiatric co-morbidity. However, there are several behavioral strategies that do have evidence of efficacy in assisting individuals to reduce and/or discontinue their stimulant use. These approaches include contingency management, cognitive behavioral therapy, community reinforcement approach, motivational interviewing and physical exercise.

Contingency Management is an effective behavioral treatment approach for patients with substance use disorders (SUDs) across wide range of substances, including those for which pharmacotherapy is unavailable or only partially effective. Contingency management is typically delivered as an augmentation to psychosocial treatment such as SUD counseling or cognitive-behavioral therapy. The use of motivational incentives (contingency management) is a powerful intervention shown to improve patient retention and engagement, increase abstinence, and enhance overall recovery in substance abuse treatment. It restructures the motivational environment by providing immediate positive reinforcement (e.g., vouchers, goods, or privileges) to patients for reaching concrete targeted behaviors. The NIDA Clinical Trials Network (CTN), completed a study entitled *Motivational Incentives to Enhance Drug Abuse Recovery*. It found incentives improved patient retention and patient outcomes.

The *Community Reinforcement Approach (CRA)* is a combination of behavioral strategies that address the role of environmental contingencies in encouraging or discouraging drug use and attempts to rearrange these contingencies so that a non-drug using lifestyle is more rewarding than a using one. CRA components include behavioral skills training, social and recreational counseling, marital therapy, motivational enhancement, job counseling, and relapse prevention. A systematic review of CRA concludes that CRA has evidence of support for reducing cocaine use.

Cognitive behavior therapy (CBT) is based on principles of social learning theory that is used to teach, encourage, and support individuals in reducing or stopping their harmful drug use. CBT provides training and practice in skills that are valuable in assisting people to gain initial abstinence from drugs (or in reducing their drug use) and provides skills to help people sustain abstinence. CBT addresses negative thought patterns and teaches individuals how to cope with distress to prevent relapse. A systematic review highlighting randomized control trials using CBT as an intervention for individuals who use methamphetamine reported that CBT was associated with reduced stimulant use and facilitated improvements in mood and other areas of functioning, and a review of CBT for a variety of substance use disorders concludes that it is an effective approach. Carroll and colleagues have conducted studies establishing the efficacy of cognitive behavioral therapy (CBT) for cocaine use disorder treatment. These studies demonstrated that the use of their CBT manual reduced cocaine use over a 1-year period.

Exercise is a simple and effective intervention for substance use disorders. By increasing endogenous opioid release, exercise helps potentiate dopamine efflux, improves mood and cognition, and can help prevent relapse. A recent 8-week trial (ref) showed that participants who use methamphetamine randomized to a supervised, progressive endurance and resistance training three times per week demonstrated improved dopamine receptor binding compared to individuals receiving health education only. In addition, the participants who received the exercise intervention had lower anxiety and depression scores over the study period, and individuals with lower severity methamphetamine use at baseline had significantly lower relapse rates after discharge from residential care.

Mindfulness is a practice derived from Buddhist teachings that centers on a conscious presence in the here and now with focused attention and nonjudgmental monitoring. Positive effects with regard to stress and cue reactivity in individuals with alcohol and/or cocaine use disorders receiving mindfulness compared to CBT have been reported. A systematic review of the literature recently concluded that mindfulness behavioral interventions could reduce consumption of cocaine and amphetamines to a greater extent than controls.

The *Matrix Model of Intensive Outpatient Treatment* is a combination of therapeutic strategies, including CBT, motivational interviewing, family involvement, and psychoeducation combined in a manner to produce an integrated outpatient treatment experience. In a large, multisite randomized trial comparing the Matrix Model to treatment as usual, individuals who use methamphetamine were retained in treatment longer, provided more methamphetamine negative urines, and had longer periods of abstinence than controls.

Motivational interviewing is a technique that aims to help individuals resolve their ambivalence about affecting positive change. In a recent randomized clinical trial, motivational interviewing demonstrated positive benefit with decreased methamphetamine use and lower cravings in participants receiving MI, regardless of intensity.

Contingency Management/Incentive Program

The Treatment for Individuals Who Use Stimulants (TRUST) protocol developed by Dr. Rawson, Albert L. Hasson, Janice Stimson and Michael McCann is recommended as a resource in designing the bidder's approach to developing their stimulant incentive program

The incentive program recommended for use in the TRUST manual is developed to be simple and to be compliant with the current Medicaid regulations regarding limits on incentives. DMHAS requires the duration of the program be 16 weeks. At the orientation session, patients should be given a \$5 gift card. The specific incentive program should be designed to address the challenges of patients in each organization (e.g., stimulant-free UAs, attendance at treatment sessions). Each patient can earn a

total maximum of \$75 over the course of their participation in the program. It is recommended that the incentive program be designed to deliver the \$70 in incentives (\$5 is automatically given at the orientation session) in the early weeks of treatment. For patients who successfully engage in target behaviors early in treatment, these behaviors are most important to reward. This may be modified to \$500 if approval is received from SAMHSA. If approval for \$500 is received, providers will need to build in their protocol a process to gradually increase the value of the incentive for achievement of the target behaviors; however, if the client doesn't achieve the target behavior when assessed, the value of the incentive will reset to the initial value. In addition, upon completion of the 16-week period, clients will be compensated an additional \$25 gift card upon completion of a program evaluation form. This \$25 is not considered an incentive, but as compensation for completion of the evaluation form. The CM Manual: A Guide to Instituting Low-Cost Motivational Incentives is a resource which provides many practical suggestions for using incentives and is available at <http://ctndisseminationslibrary.org/pdf/291.pdf>.³ The TRUST manual is available at https://mataccesspoints.org/wp-content/uploads/2021/04/TRUST_Therapist_Guide.pdf.⁴

No funding match is required however bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparation of a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

March 10, 2022	Notice of Availability of Funds
March 17, 2022	Deadline for questions
March 31, 2022	Deadline for written intent to apply and request for DHS secure file transfer protocol (SFTP) site login credentials
April 7, 2022	Deadline for receipt of proposals – no later than 4:00 p.m.
April 29, 2022	Preliminary award announcement
May 6, 2022	Appeals deadline
May 13, 2022	Final award announcement
June 3, 2022	Anticipated award start date

II. Background and Population to be Served

Funding for this program is through SAMHSA's State Opioid Response Grant (SOR). The goal of SOR is to address the opioid crisis by increasing access to treatment, reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD) (including prescription opioids as well as illicit drugs such as heroin). States are

³ CM Manual, A Guide to Instituting Low-Cost Motivational Incentives. Christine Higgins, Dissemination Specialist, Mid-Atlantic Node, <http://ctndisseminationslibrary.org/pdf/291.pdf>.

⁴ TRUST Therapist Guide: Version Date – March 15, 2021. Richard Rawson, Ph.D., Albert Hasson, MSW. Janice Stimson, PsyD and Michael McCann, MA. https://mataccesspoints.org/wp-content/uploads/2021/04/TRUST_Therapist_Guide.pdf.

required to develop and provide opioid misuse prevention, treatment, and recovery support services for the purposes of addressing the opioid abuse crisis within the states and territories.

This RFP will focus on the use of contingency management to treat stimulant use disorders.

III. Who Can Apply?

To be eligible to apply for funding, the bidder must satisfy the following requirements:

- Eligible bidders will be agencies in good standing with the state that are able to provide the following scope of work that includes licensed SUD treatment providers;
- Licensed or credentialed to provide the required services as detailed in the Scope of Work section of this RFP;
- The bidder may be a non-profit, for-profit, or governmental entity;
- If a bidder has a contract with DMHAS when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission of an application for funding;
- The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
- The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.nj.gov/treasury/revenue/debarment/debarsearch.shtml> or be suspended or debarred by any other State or Federal entity from receiving funds;
- The bidder shall not employ a member of the Board of Directors in a consultant capacity; and
- Pursuant to N.J.S.A. 52:32-44, a for-profit bidder and each proposed subcontractor must have a valid Business Registration Certificate on file with DMHAS of Revenue. This statutory requirement does not apply to non-profit organizations, private colleges and universities, or state and municipal agencies.

IV. Contract Scope of Work

The bidder shall:

- A. Assess participants for clinical criteria for having a primary, secondary or tertiary stimulant use disorder. Participants must have a stimulant use disorder, be at least 18 years old, and have an interest in participating in this pilot program.

Diagnosis (utilizing DSM-5 criteria) of a stimulant disorder is based on the occurrence of at least two of the following within a 12-month period:

- Taking more stimulants than intended

- Failing to cut down or control use of stimulants, despite wanting to do so
 - Spending excessive amounts of time in activities surrounding stimulant use
 - Experiencing urges and cravings for stimulants
 - Failing to meet the obligations of home, school, or work due to stimulant use
 - Continuing to take stimulants, even if it has led to relationship or social problems
 - Giving up or reducing important recreational, social, or work-related activities because of stimulant use
 - Using stimulants in situations in which it is physically hazardous
 - Continuing to use stimulants even if there is an awareness that it is causing or worsening a physical or psychological problem
 - Experiencing an increase in tolerance to stimulants
- B. Bill Medicaid, Medicare and private insurance for billable services for qualifying clients.
- C. Ensure that while in the program, participants receive urine screening for drug abuse.
- D. Serve a minimum of 100 clients per year.
- E. Provide services in a non-judgmental, patient-centered manner that meets the participant where they are. Bidder will utilize motivational interviewing techniques to encourage participant involvement in ongoing services.
- F. Complete the GPRA data requirements for the 100 individuals that are enrolled.
- G. Develop a Contingency Management protocol that utilizes non-cash incentives to improve outcomes for those with stimulant use disorder. Incentives may be in the form of grocery gift cards, bus passes to attend treatment, clothing, personal care items. Ideas for non-cost items may include personal recognition for attending sessions all week, certificate of recognition, parking privileges, or earlier release from a group session.
- H. Incentivized behaviors might include:
- Attendance at treatment sessions
 - Provision of stimulant-negative urine specimens
 - Achievement of a treatment goal
 - Reduced weekly use of stimulants
- I. The awardee will include evidence of their commitment to equity and reduction of disparities in access, quality, and treatment outcomes of marginalized populations. This includes a diversity, inclusion, equity, cultural/linguistic competence plan as outlined in the National CLAS standards. The plan should include information about the following domains: workforce diversity (data informed recruitment), workforce inclusion, reducing disparities in access quality, and outcomes in the target

population, and soliciting input for diverse community stakeholders and organizations. Additionally, the bidder will use available demographic data from agency and target population catchment area (race/ethnicity/gender/sexual/orientation/language) to shape decisions pertaining to services, agency policies, recruitment, and hiring of staff.

Providers and their system partners will work together to identify and combat barriers that may impede the target population from seeking and accessing services. Obstacles to services may include misinformation and lack of knowledge regarding the target populations' race, ethnicity, sexual orientation, substance use, socioeconomic status, generational considerations, and language, etc.

The awardee will:

- Collaborate with system partners to ensure coordination, equity, and inclusion of care.
- Deliver services in a culturally competent manner that exemplify National CLAS Standards.
- Ensure services meet the language access needs of individuals served by this project (e.g., limited English proficiency, Deaf/ASL, Braille, limited reading skills).
- Coordinate and lead efforts to reduce disparities in access, quality, and program outcomes.

J. Bidders shall have three months from the date of the contract award to begin services or the contract may be forfeited.

Data Collection/Evaluation

The awardee will be required to comply with the DMHAS' program evaluation by responding to data requests from DMHAS and its evaluator, participating in the data collection system to be developed for this program, facilitating completion of consumer satisfaction questionnaires developed by DMHAS and any other monitoring activities. When requested, the awardee will document units of service delivered using data collection forms developed by DMHAS.

Bidder shall provide:

1. Numbers and the demographics of individuals served.
2. Number and type of interventions per participant.
3. Behaviors targeted for the contingency management.
4. Description of the contingency management protocol implemented, including the incentives to be utilized.

Outcomes

Studies have demonstrated that use of CM for people with stimulant use disorders was associated with reductions in:

- Number of days of stimulant use
- Stimulant cravings
- New stimulant use
- HIV risk behaviors

DMHAS will provide a data collection tool to assess outcomes at baseline and 6 months.

Government Performance and Results Requirements

1. Government Performance and Results Requirements Act of 2010 (GPRA):

Grantee is required to collect and report certain data so that SAMHSA can meet its obligations under GPRA. Grantee is required to report a series of data elements that will enable SAMHSA to determine the impact of the program on opioid use, and opioid-related morbidity and mortality. Grantee is required to report client-level data on elements including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Grantee is required to ensure all data reported are accurate.

Examples of the type of data collection tools required can be found at <https://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>. Data will be collected via a face-to-face interview using this tool at three data collection points: intake to services, six-months post intake, and at discharge. The GPRA intake interview must be completed within four days after the client begins receiving services. The GPRA follow-up window for the six-month interview is five to eight months after the intake interview. The discharge interview should be conducted on the day of discharge or after 30 days have elapsed if the client is lost to contact and has had no contact with the program for 30 days.

Bidders will be expected to do a GPRA interview on all clients in their specified unduplicated target number and are also expected to achieve a six-month follow-up rate of 80 percent. SOR funding, with a maximum cash value of \$30 per interview, may be used for incentives for completion of a 6-month GPRA follow-up interview among people who have completed an intake GPRA interview. The grantee will create a written policy for this incentive program that will be reviewed and approved by DMHAS. However, any incentives must be in the form of either a stipend or generic gift card (i.e., Visa, Mastercard) that can be used anywhere.

Bidders must submit completed GPRA forms for inputting into SAMHSA's Performance Accountability and Reporting System (SPARS). Details regarding submission of GPRA forms to DMHAS will be provided after award. GPRA training and technical assistance will be offered to bidders.

Budget

DMHAS shall award five contracts up to \$400,000 per year designated to fund services for individuals.

Funds can be utilized for startup and include but are not limited to: electronics including computer and phone and ongoing data plan. Other allowable expenses include but are not limited to, expenses to cover the costs of recruiting staff.

The bidder must include the \$75 incentive, \$25 for completing the program evaluation and \$25 for completing the required 6-month GPRA follow-up.

Staffing

Bidder may hire or contract with staff who will complete the Federal GPRA data requirements.

All treatment staff must be provided with adequate supervision and possess any federal and/or state credentials and licenses required to perform these functions.

The awardee will describe their efforts to ensure workforce diversity and inclusion in the recruiting, hiring, and retention of staff who are from or have had experience working with target population and other identified individuals served in this initiative. Additionally, the contractee will ensure that there is a training strategy related to diversity, inclusion, cultural competence, and the reduction of disparities in access, quality, and outcomes for the target population. The trainings will include education about implicit bias, diversity, recruitment, creating inclusive work environments, and providing languages access services.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the DHS website at: <https://www.nj.gov/humanservices/olra/contracting/policy>.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should be reasonable and reflect the scope of responsibilities to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP may be renewable for one (1) year at DMHAS' sole discretion and with the agreement of the awardee. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with DHS Policy P1.12 available on the web at <https://www.nj.gov/humanservices/olra/assets/documents/CPIManual.pdf>, programs awarded pursuant to this RFP will be separately clustered until DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should service provision be delayed through no fault of the bidder, funding continuation will be considered on a case-by-case basis, based upon the circumstances creating the delay. In no case shall DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at <http://www.nj.gov/humanservices/providers/rulefees/regs/>.

VI. Written Intent to Apply and Contact for Further Information

Bidders must email SUD.upload@dhs.nj.gov by March 31, 2022 indicating their agency's intent to submit a proposal. Submitting a notice of intent to apply does not obligate an agency to apply.

Any questions regarding this RFP should be directed via email to SUD.upload@dhs.nj.gov no later than March 17, 2022. All questions and responses will be compiled and emailed to all those who submit a question and/or provide a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Proposal Content

Proposals must address the following topics, and be submitted according to the following sections:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder History and Experience (10 points)

1. Describe the bidder's history, mission, purpose, current licenses and modalities, and record of accomplishments. Explain the work with the target population and marginalized underserved populations, the number of years' experience working with the target population and marginalized underserved populations.
2. Describe why the bidder is the most appropriate and best qualified to implement this program in the target service area.
3. Summarize the bidder's administrative and organizational capacity to establish and implement the contingency management component. Attach a one-page copy of the bidder's organization chart showing the location of the proposed project and its link in the organization.
4. Describe the bidder's status and history relative to debarment by any State, Federal or local government agency. If there is debarment activity, it must be explained with supporting documentation as an appendix to the bidder's proposal.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or pending litigation may result in the bidder being ineligible for contract award at DMHAS' sole discretion.
6. Demonstrate the bidder's commitment to culturally competent services (CLAS Standards) and diversity (Law against Discrimination, N.J.S.A. 10.5-1et seq.). Attach a cultural competency plan as an addendum and discuss in the narrative how the plan will be updated and reviewed regularly.
7. Describe the bidder's status and compliance with contract commitments regarding programmatic performance and level of service, if applicable.

Project Description (35 points)

In this section, the bidder is to provide an overview of how the services detailed in the scope of work which will be implemented and the timeframes involved, specifically addressing the following:

1. Describe how bidder's philosophy of care will assure services are nonjudgmental and client-centered. Attach as an appendix any applicable policies and procedures.
2. Provide inclusionary and exclusionary criteria for the proposed service.
3. Describe how the contingency management component will be implemented (e.g., behaviors rewarded, type of incentives, etc.) and protocol.
4. Describe what other behavioral strategies will be used and how they will be applied (e.g., motivational interviewing, community reinforcement approach, exercise, etc.)

5. Describe policies and procedures for treatment of individuals who are not compliant with appointments or referrals, who continue to use other illicit drugs and alcohol, who appear to be diverting medications.
6. Describe procedures for assuring that the grant is not charged for medications if the client is insured.
7. Describe how participants will be tracked, and any follow-up or outreach procedures.
8. Describe policies and procedures for participant discharge from the program.
9. Describe how care will be coordinated with mental health treatment providers if required.
10. Describe urine testing for drugs of abuse procedures, including laboratory services.
11. Describe the organization's committees or workgroups that focus on efforts to reduce disparities in access, quality, and program outcomes for the target population. Include the membership of committee members and their efforts to review agency services/programs, correspond and collaborate with quality assurance/improvement, and make recommendations to executive management with respect to cultural competency.
12. Describe how the demographic makeup of the catchment area population (race, ethnicity, gender, sexual orientation, language, etc.) will shape the design and implementation of evidence based and best practice program approaches.

Outcome(s) and Evaluation (10 points)

1. Describe staffing, policies and procedures to assure that bidder will report all required data.
2. Provide assurance that the bidder will complete the data collection tool developed by DMHAS and cooperate with DMHAS contracted evaluator.
3. Please describe the process for completing the Federal GPRA data collection requirements and submitting GPRA data collection forms to DMHAS.
4. Provide details regarding an outside entity if the bidder plans to use to conduct an evaluation of the proposed program, including but not limited to the entity's name, contact information, brief description of credentials and experience conducting program evaluation.
5. Describe the assessment, review, implementation, and evaluation of quality assurance and quality improvement recommendations particular to the reduction of disparities and barriers in access, quality, and treatment outcomes.

Staffing (15 points)

Bidders must determine staff structure to satisfy the contract requirements. Bidders should describe the proposed staffing structure and identify how many staff will be hired to meet the needs of the program.

1. Describe the composition and skill set of the proposed treatment team and care managers, including staff qualifications.
2. Provide details of the Full Time Equivalent (FTE) and Part Time Equivalent (PTE) staffing required to satisfy the contract scope of work. Details should include

currently on-board or to be hired staff, with details of the recruitment effort. Identify bilingual staff.

3. Describe program efforts to recruit, hire and train staff who are from or have experience working with target population.
4. Describe the management level person responsible for coordinating and leading efforts to reduce disparities in access, quality, and outcomes for the populations served. Information provided should include the individual's title, organizational positioning, education, and relevant experience.
5. A list of names of consultants the bidder intends to utilize for the contract resulting from this RFP, including each consultant's professional licensure and organizational affiliation(s). Confirm that no member of the Board of Directors is employed in a consultant capacity to the bidder.
6. Provide copies of job descriptions— limited to two (2) pages each – for proposed staff.
7. Provide the bidder's hiring policies, including background and credential checks, as well as handling of prior criminal convictions.
8. Describe the strategy to deliver topics related to diversity, inclusion, cultural competence, and the reduction of discrepancies in the access, quality, and program outcomes, which includes information on implicit bias, diversity, recruitment, creating inclusive working environments, and providing languages access services.
9. Describe the approach for supervision of staff.
10. Provide a list of the bidder's board members and current term, including each member's professional licensure and organizational affiliation(s). The bidder's proposal must identify each board member who is also an employee of the bidder or an affiliate of the bidder. The proposal shall indicate if the Board of Directors votes on contract-related matters.

Facilities, Logistics, Equipment (10 points)

1. Describe the way tangible assets, i.e. computers, phones, other special service equipment, etc., will be acquired and allocated.
2. Describe the bidder's Americans with Disabilities Act (ADA) accessibility to its facilities and/or offices for individuals with disabilities.

Budget (20 points)

Total annualized funding is \$400,000 per year for each award, subject to federal appropriations per year. DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget as outlined in the Contract Scope of Work section of this Request for Proposal, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the

project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to all those who submit an intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site described in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file may result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials & Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues, and
 - b. Section 2 - Proposed one-time costs if any.
2. Describe the bidder's sustainability plan for the project at the end of the contract. Include a timeline indicating how the program will transition from this grant funding to sustainability through any other types of income that are available.
3. Budget notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal.
4. The name and address of each organization – other than third-party payers – providing support and/or funding to support the program for which the proposal is being submitted.
5. For all proposed personnel, the budget should identify the staff position titles and only staff names for current staff being allocated; and total hours per workweek.
6. Identify the number of hours per clinical consultant.
7. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
8. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with DMHAS should limit its G&A expense projection to “new” G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs’ G&A in the revenue section.
9. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts, including agreement to obtain approval as a Medicaid-eligible provider.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. **Please note that if items #8 through #11 are not submitted and complete, the proposal will not be considered.** Items #12 and #13 below are also required with the proposal unless **the bidder has a current contract with DMHAS and these documents are current and on file with DMHAS. Audits do not count towards appendices 50-page limit.**

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status (www.njconsumeraffairs.gov/charities);
8. Department of Human Services Statement of Assurances (RFP Attachment C);
9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
10. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml);
11. Statement of Bidder/Vendor Ownership Disclosure (www.nj.gov/treasury/purchase/forms.shtml);
12. Most recent single audit report (A133) or certified statements;
13. Any other audits performed in the last two (2) years; and
14. Original and/or copies of letters of commitment/support.

Additional attachments that are requested in the written narrative section such as the Cultural Competency Plan and not listed in items #1-14 under Appendices do not count towards the 50-page limit for appendices. Appendix information exceeding 50 pages will not be reviewed.

VIII. Submission of Proposals

DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 10 pages, be single-spaced with one (1") inch margins, normal character spacing that is not condensed, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 13 it is 11 pages long, not 10 pages. DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on April 7, 2022. The bidder must submit its proposal (including proposal narrative, budget, budget notes, and

appendices) electronically using the DHS secure file transfer protocol (SFTP) site. Additionally, bidders must request login credentials by emailing SUD.upload@dhs.nj.gov **no later than one (1) week before the proposal is due**, in order to receive unique login credentials to upload your proposal to the SFTP site. Email requests for login credentials must include the individual's first name, last name, email address and name of agency/provider.

Proposals must be uploaded to the DHS SFTP site, <https://securexfer.dhs.state.nj.us/login> using your unique login credentials.

IX. Review of Proposals

There will be a review process for all responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in DHS Policy Circular P1.04 (<https://www.nj.gov/humanservices/olra/contracting/policy>).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by April 29, 2022.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by DMHAS at the address below no later than 4:00 p.m. on May 6, 2022. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
5 Commerce Way
Hamilton, NJ 08691
Fax: 609-341-2302

Or via email: Helen.Staton@dhs.nj.gov

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

DMHAS will review all appeals and render a final decision by May 13, 2022. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the awardee(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: <https://www.njportal.com/DOR/annualreports/>);
3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-

- 0362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
 6. Current Agency By-laws;
 7. Current Personnel Manual or Employee Handbook;
 8. Copy of Lease or Mortgage;
 9. Certificate of Incorporation;
 10. Co-occurring policies and procedures;
 11. Policies regarding the use of medications, if applicable;
 12. Policies regarding Recovery Support, specifically peer support services;
 13. Conflict of Interest Policy;
 14. Affirmative Action Policy;
 15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
 16. A copy of all applicable licenses;
 17. Local Certificates of Occupancy;
 18. Current State of New Jersey Business Registration;
 19. Procurement Policy;
 20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
 21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
 22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
 23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
 24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
 25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
 26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

_____ Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP: **Contingency Management and Other Strategies for the Treatment of Stimulant Use Disorder**

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers to be served: _____

County in which services are to be provided: _____

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

NOTE: In order to contract with the State of New Jersey, all providers applying for contracts, or responding to Request for Proposals (RFPs), *MUST* be pre-registered with the online eProcurement system known as NJSTART. You may register your organization by proceeding to the following web site: <https://www.nj.gov/treasury/purchase/vendor.shtml> or via telephone: (609) 341-3500.

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B– Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

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

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

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

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

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

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

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

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

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

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

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

- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.
- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: Chief Executive Officer or Equivalent

Date

Typed Name and Title

6/97

Attachment D – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

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

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

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

Name and Title of Authorized Representative

Signature

Date

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

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

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Attachment E - Mandatory Equal Employment Opportunity Language

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**