



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

November 28, 2018

To: All Interested Applicants

Re: Request for Application (RFA) - Integrated Health Care Program for Military, Veterans, & First Responders

Addendum #1

The following constitutes Addendum #1 to the above referenced RFA:

- The New Jersey Department of Health, Integrated Health Services Branch has reopened the period to submit a Letter of Intent for the above referenced RFA. All interested Applicants must submit a Letter of Intent by **2:00 PM EST on Friday, December 7, 2018. Please reference Section 4.2.1.1 of the RFA for additional information;** and
- As a result of the reopening of the Letter of Intent submission period, the below original RFA dates have been extended as demonstrated in the highlighted portion below:

Important Dates			
Event	Original Date	**Revised Date	Time
Publication of Request for Applications	11/15/18	-	Not Applicable
Letter of Intent Submission Due Date (Refer to RFA Section 4.2.1.1 for more information.)	11/26/18	12/7/18	2:00 PM (EST)
Application Open Date	11/29/18	12/11/18	Not Applicable
Application/Grant Proposal Submission Date (Application Close Date) Refer to RFA Section 4.2.1 for more information.)	12/10/18	12/24/18	3:00 PM (EST)
Anticipated Notification of Grantee Date	12/24/18	1/7/19	Not Applicable
Anticipated Grant Award Date	01/01/19	1/15/19	Not Applicable
Anticipated Project End Date	12/31/19	12/31/19	Not Applicable
*Note: Dates are subject to change			

It is the sole responsibility of the Applicant to be knowledgeable of all of the additions, deletions, clarifications, and modifications to the RFA and/or any attachments relative to this RFA as set forth in Addend}.

All other instructions, terms, and conditions of the RFA shall remain the same.



Office of the Commissioner

Request for Applications (RFA) Notice

For: Integrated Health Care Program for Military, Veterans, & First Responders

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Anticipated Project End Date	12/31/19	12/31/19	Not Applicable
*Note: Dates are subject to change **Dates extended in accordance with Addendum #1 dated 11/28/18.			

RFA Issued By:

New Jersey Department of Health
Integrated Health Service Branch
Trenton, New Jersey 08625-0230
Date: Revised as of November 28, 2018

RFA Contact:

Kelly Anderson-Thomas, MPH, MS
Integrated Health Service
Office of the Deputy Commissioner
Email: Kelly.Anderson-Thomas@doh.nj.gov

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1.0 Information for Applicants

1.1 Purpose & Intent

This Request for Application (“RFA”) is issued by the New Jersey Department of Health (“NJDOH”), Integrated Health Services Branch (“IHS”). The purpose of this RFA is to solicit Applications (also herein referenced as a “Grant Proposals”) from health service facilities to develop, implement, and/or maintain a program that promotes comprehensive care through the use of Integrated Healthcare for the active military, veteran, and first responder population in the State of New Jersey (the “State”). It is the NJDOH’s intent to fund one (1) applicant in both the Northern and Southern region in an effort to leverage and further develop Integrated Healthcare networks throughout the State that can serve the ongoing primary and behavioral health of the targeted population.

For the purpose of this RFA, counties comprising each region of the State are indicated below:

Northern Region	Southern Region
Bergen County	Atlantic County
Essex County	Burlington County
Hudson County	Camden County
Hunterdon County	Cape May County
Middlesex	Cumberland County
Morris County	Gloucester County
Passaic County	Mercer County
Somerset County	Monmouth County
Sussex County	Ocean County
Union County	Salem County
Warren County	

1.2 Introduction

Despite changes and advancement in the health care system there is still a need for the integration of health care across the care continuum for many military, veterans, and first responders. Integrated Healthcare is often referred to as an interdisciplinary approach to health care services, particularly regarding the integration of primary (physical) care and behavioral health care. This approach is characterized by a high degree of collaboration among health care providers that allows for the assessment, planning, treatment, and evaluation of patient care outcomes.

Our military, veterans, and first responders deserve Integrated Healthcare services to promote and support their resilience. In an effort to foster the support needed, there is an integration of primary and palliative care, behavioral health, and hospice services.

Active duty military personnel and reservists experience multiple deployments because of the conflicts that comprise the War on Terror and other recent military campaigns. A large body of research has accumulated with regard to the behavioral health challenges faced by military personnel because of these conflicts. Service personnel can find themselves plagued with guilt, shame, grief, or rage over what they had to do to survive in the war-zone and/or over what they did not do, including having deep feelings of remorse that “they never finished the job.” They may show signs of these feelings immediately after returning from war or, in many cases, not until months or years later.

In describing prominent aspects of the emotional and social impact of the effects of war on both active duty service members and military veterans, numerous studies corroborate that 15% to 30% of service members and veterans have had a significant negative impact due to exposure to war trauma. This may include Post-Traumatic Stress Disorder (“PTSD”), depression, other mental health problems, and substance abuse. In fact, multiple deployments overseas to Iraq, Afghanistan, and other countries are associated with elevated combat exposure and mental health problems.¹

Veterans comprise one (1) in five (5) homeless Americans. One (1) in three (3) homeless men are veterans, and 58.9% of homeless veterans are minorities (vs. 20.7% of all veterans). Veterans of Iraq and Afghanistan have an unemployment rate approximately 40% greater than the general population.² Veterans have disproportionate rates of mental illness, particularly

¹ Scurfield, R., Platoni, K. The Emotional Effects of War on Servicemembers and Veterans. NASW Specialty Practice Sections Annual Bulletin. 2009

² The National Council, Meeting the Behavioral Health Needs of Veterans, Nov. 2012

PTSD, substance abuse disorders, depression, anxiety, and military sexual trauma.³ Nearly 50% of combat veterans from Iraq report that they have suffered from PTSD,⁴ and close to 40% of these same veterans report “problem alcohol use”.

Integrated Healthcare is also needed for many veterans towards the end of one’s life, thus allowing individuals to die with dignity. Consider that one (1) out of every four (4) dying Americans is a veteran. Veterans often carry experiences from their service that present unique challenges, and many may not know about or have access to palliative care or hospice services. Veterans may experience at the end of their life uncontrolled pain, terminal agitation, and nightmares, all of which may be delayed or undiagnosed PTSD. With an estimated 85% of veterans receiving care at end of life outside of the Veterans Health Administration system, it is important that palliative and hospice providers are prepared to care for this vulnerable population.

Like military personnel and veterans, first responders may have pre-existing mental health conditions, or they may develop new mental health conditions because of the stresses associated with first response duties such as witnessing human destruction, repeated exposure to trauma and the loss of life due to disasters. Constant exposure to trauma, life-threatening situations, and the physical strain of working long hours with little or no sleep can negatively impact overall mental health, increasing the vulnerability to depression and stress disorders for months and sometimes years.

Integrating health service across the continuum will help create a seamless system of care that offers military personnel, veterans, and first responders the services (primary healthcare, behavioral health, palliative care, hospice and telehealth) they need to preserve their health status.

Thus, the three-part challenge becomes:

- A. Increasing the care provided to active military, veterans, and first responders;
- B. Ensure that care is integrated and delivered using appropriate evidence-based screening and treatment; and
- C. Providing needed palliative care and hospice services.

1.2.1 Grant Funding

A one-time grant for \$250,000 will be awarded to up to one (1) Grantee each, in both the Northern and Southern region of the State (total of two (2) awards).

The award is subject to the availability of funds to the NJDOH. The NJDOH will not be held liable for any breach of this agreement due to the absence of an available funding appropriation.

The NJDOH, Office of the Commissioner, may exercise its sole discretion to extend the RFA deadline or reissue the RFA or portions thereof, if insufficient qualified Applications are received. Applications that are incomplete or received after the due date shall be subject to disqualification.

1.2.2 Grant Term

The term of the Grant shall be for one (1) year commencing at the time of the grant award.

1.3 Applicant Eligibility Criteria

To be eligible for a Grant award, the Applicant must be one (1) of the following:

- A. New Jersey Hospital;
- B. New Jersey Health Systems;
- C. New Jersey Federally Qualified Health Centers (FQHCs); or
- D. New Jersey State University provider of behavioral health services. **Note:** A New Jersey State University seeking a grant award must work in partnership with a licensed New Jersey healthcare facility that provides primary care, as demonstrated by a Letter of Support (Reference Section 4.2.1.1 of this RFA for additional information).

³ Spelman JF, Hunt SC, Seal, KH, Burgo-Black AL. Post deployment care for returning combat veterans. J Gen Intern Med. 2012; 27:1200–1209.

⁴ Pew Research Center. The military-civilian gap: war and sacrifice in the post-9/11 era. Available at: <http://www.pewsocialtrends.org/2011/10/05/war-and-sacrifice-in-the-post-911-era/>.

All Grantees that meet the minimum requirements shall undergo an evaluation process as described in Section 5.0 of the RFA. Grants shall be awarded to the applicant(s) that is rated highest in the evaluation process.

1.4 Submission of Applications

In order to be considered for award, the Application must be submitted electronically through the Department's System for Administering Grants Electronically (SAGE) by the required date and time demonstrated on the cover of the RFA.

1.4.1 Applicant Responsibility

The Applicant shall assume sole responsibility for the complete effort required in submitting an Application in response to this RFA. No special consideration will be given after Applications are opened because of the Applicant's failure to be knowledgeable as to all of the requirements of this RFA.

1.4.2 Cost Liability

The NJDOH assumes no responsibility and bears no liability for costs incurred by an Applicant in the preparation and submittal of an Application in response to this RFA.

1.4.3 Contents of Application

Submitted Applications can be released to the public under the New Jersey Open Public Records Act (OPRA), N.J.S.A. 47:1A-1.1 et seq., or the common law right to know.

As part of its Application, an Applicant may designate any data or materials it asserts are exempt from public disclosure under OPRA and/or the common law, explaining the basis for such assertion. The location in the submitted application of any such designation should be clearly stated in a cover letter.

The NJDOH reserves the right to make the determination as to what is proprietary or confidential and will advise the Applicant accordingly. Any proprietary and/or confidential information in an application will be redacted by the NJDOH. **The NJDOH will not honor any attempt by an Applicant to designate its entire Application as proprietary, confidential, and/or to claim copyright protection for its entire Application.** Copyright law does not prohibit access to a record which is otherwise available under OPRA. In the event of any challenge to the Applicant's assertion of confidentiality with which the NJDOH does not concur, the Applicant shall be solely responsible for defending its designation, but in doing so, all costs and expenses associated therewith shall be the responsibility of the Applicant. The NJDOH assumes no such responsibility or liability.

2.0 Definitions

The following definitions will be part of this RFA.

Applicant – An individual/organization that submits an Application under this RFA.

Application (Grant Proposal) – A formal Proposal that outlines a proposed project and shows budgetary requirements and requests monetary assistance in the form of a Grant.

Business Day – Any weekday, excluding Saturdays, Sundays, State legal holidays, and State-mandated closings unless otherwise indicated.

Calendar Day – Any day, including Saturdays, Sundays, State legal holidays, and State-mandated closings unless otherwise indicated.

Evaluation Committee – A committee established, or Division staff member assigned by the Director to review and evaluate Quotes {Proposals} submitted in response to this Bid Solicitation and recommend a Blanket P.O. award to the Director.

Federally Qualified Health Centers – A community-based health care provider that receives funds from the HRSA Health Center Program to provide primary care services in underserved areas.

First Responder – A person with specialized training who is among the first to arrive and provide assistance at the scene of an emergency.

Grant - A sum of money given by an organization, especially a government, for a particular purpose.

Grantee – An awarded party.

Grant Manager – A NJDOH representative charged with the oversight of the Grant awarded as a result of this RFA.

Health Resources & Services Administration (HRSA) – An agency of the United States Department of Health and Human Services charged with improving access to health care services for people who are uninsured, isolated, or medically vulnerable.

Integrated Healthcare - The systematic coordination of primary, mental, and behavioral health care.

May – Denotes that which is permissible or recommended, not mandatory.

Military – A member of the State's armed forces.

Military Personnel – A member of the State's armed forces (Army, Navy, Marine, Air Force, Coast Guard, and National Guard).

Must – Denotes that which is a mandatory requirement.

Request for Application (RFA) - A solicitation notice in which an organization announces that Grant funding is available.

Shall – Denotes that which is a mandatory requirement.

Should – Denotes that which is permissible or recommended, not mandatory.

State – The State of New Jersey.

System for Administering Grants Electronically (SAGE) - A method of accepting, reviewing, approving and managing grants.

Participant – An individual whom takes part/is services by the Program resulting from this Grant.

Pilot Program - A small scale preliminary study conducted in order to evaluate feasibility, time, cost, adverse events, and improve upon the study design prior to performance of a full-scale research project.

Proposal – Vendor’s {Bidder’s} timely response to the Bid Solicitation including, but not limited to, technical Quote, price Quote, and any licenses, forms, certifications, or other documentation required by the Bid Solicitation.

Task – A discrete unit of work to be performed.

Telehealth - A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.

Unit Cost – All-inclusive, firm fixed price charged by the Vendor {Bidder} for a single unit identified on a price line.

Veteran - A person who served in the active military, naval, or air service and who was discharged or released under conditions other than dishonorable.

3.0 Scope of Work

The awarded Grant resulting from this RFA shall be used to develop/implement and maintain a Pilot Program or for the continued maintenance of an existing program that leverages and further develops Integrated Healthcare networks throughout the State, that can serve the ongoing primary and behavioral health needs of the targeted population.

3.1 General Requirements

The Grantee shall, at a minimum abide by all applicable State and federal laws and regulations governing the privacy, security, and confidentiality of each of its program's participant's individual health information. Additionally, the Grantee shall ensure that any agent acting on its behalf in the implementation of the services provided under the awarded Grant, which creates, receives, collects, transmits, and/or maintains individual health information in any form, shall conform to the same restrictions and conditions with respect to such information.

Applicable laws and regulations include, but are not limited to:

- A. The Health Insurance Portability and Accountability Act of 1996 (HIPAA); and
- B. The Patient Safety and Quality Improvement Act of 2005 (PSQIA).

3.1.1 Grant Launch Meeting

Within ten (10) business days of the award, the Grantee shall meet with the Grant Manager (GM) to discuss at a minimum:

- A. Project intent and scope;
- B. Proper methods and channels of communication between the Grantee and the GM; and
- C. Any additional topic(s) deemed necessary by the GM.

The Grantee may request a virtual/teleconference for the grant launch meeting; however, the request must be made in writing, within five (5) business days after Grant award.

3.2 Program Obligations/Elements

The Grantee shall implement and maintain a program that possesses at a minimum, the following elements:

- A. Provides patient care to active military, veterans, and/or first responders;
- B. Ensures immediate scheduling (if possible same day) of appointments with active military, veterans, and/or first responders to serve their health needs;
- C. Provides referral services for other needs outside the scope of the program (e.g. specialty health needs, housing, employment, legal services, and etc.), The Grantee shall make efforts to connect those military, veterans, and/or first responders to appropriate services whenever possible.

3.2.1 Program Objectives

The Grantee shall at a minimum, meet the requirements of the below program objectives:

- A. **Objective 1:** Identification of the health needs of active military, veterans, and/or first responders;
- B. **Objective 2:** Identification and provision of the following services:
 - a. Healthcare screening, primary care, behavioral health, and medical treatment;
 - b. Same-day care appointments; and
 - c. Palliative care and hospice services.
- C. **Objective 3:** Identification and provision/referral to varying other services/resources (e.g. housing/employment/legal services) to be provided to the targeted population;

- D. **Objective 4:** Provision of narrative reports that includes: methodologies used and effectiveness of those methodologies; number of clients served; success stories and testimonials; obstacles, barriers and challenges in accomplishing your objectives; and a summary of the effectiveness of the program; and
- E. **Objective 5:** Development and Implementation of an End-of-Program evaluation that demonstrates how the implemented program effected the targeted population.

3.3 Quarterly Reporting/Reimbursement

3.3.1 Quarterly Report

The Grantee shall submit a quarterly report to the Grant Manager within 15 business days of the ending of each quarter.

The report shall detail achievement of the objectives of the program (Reference Section 3.2.1). At a minimum, the report shall also include:

- A. Methodologies used and effectiveness of those methodologies;
- B. Number of clients served;
- C. Success stories and testimonials;
- D. Obstacles, barriers, and challenges in accomplishing the objectives; and
- E. A summary of the effectiveness of the program thus far.

Within five (5) business days of the initial request, the Grantee shall provide the Grant Manager with additional information regarding the program.

3.3.2 Quarterly Reimbursement Report

As part of its Quarterly Report, the Grantee shall submit a reimbursement report that demonstrates the itemized cost incurred for the development, implementation, and maintenance of its program during that quarter. The Grantee must include receipts for the purchase of any equipment/supplies and invoicing for any agreements in the support of the Grant.

Note: Only actual costs incurred for the activities, objectives, and services outlined in this RFA will be reimbursed based on the achievement of the objectives.

3.4 End-of-Program Evaluation

The Grantee shall development and Implementation an End-of-Program Evaluation that demonstrates how the implemented program effected the targeted population.

4.0 Application Preparation & Submission

4.1 General

4.2 NJDOH Sage Submission

A submitted Application must arrive in accordance with this RFA's instructions, the directions demonstrated in the NJDOH SAGE, and within the time frames noted on the RFA cover. If you are a first time NJDOH Grant Applicant whose organization has never registered in the NJDOH SAGE, you must contact the SAGE System Administrator listed below to complete and submit a New Agency form.

Cynthia Satchell-Gore

Email: Cynthia.satchell-gore@doh.nj.gov

Phone: (609) 633-8009

The SAGE System Administrator will review the submitted documentation to ensure Applicants have satisfied all requirements. Upon approval, the requesting organization's status will be activated in SAGE. The SAGE System Administrator will grant permission via email or phone call to the organization's Authorized Official informing them they are authorized to access the application in SAGE. You will not have access to an application in SAGE until all documents are received and all procedures are satisfied.

4.2.1 Submittals

The Applicant shall describe its approach and plans for accomplishing the work outlined in the Scope of Work section, i.e., Section 3.0. The Applicant must set forth its understanding of the requirements of this RFA and its approach to successfully complete the requirements listed herein. The Applicant should include the level of detail it determines necessary to assist the Evaluation Committee in its review of the Applicant's submitted Application.

Failure to submit information as indicated below may result in your Application being deemed non-responsive.

4.2.1.1 Letter of Intent

Interested parties must submit a 1-2-page Letter of Intent on its organization's letterhead by the date demonstrated on the cover of this RFA, to be eligible to submit an Application and be considered for award. Note: A Letter of Intent is not binding and is not included in the evaluation of the Applicant's submitted Application, the information that it contains allows NJDOH staff to estimate and plan for the potential evaluation workload.

The Letter of Intent must include, but not be limited to:

- A. Federal Employer Identification Number (FEIN);
- B. Applicant's address;
- C. Name and contact number of person entering Application information in SAGE;
- D. Brief overview of project (1-2 pages) – significance, aims and methods; and
- E. In the event that the Applicant is a New Jersey State University, it must outline its proposed intent to partner with a licensed New Jersey healthcare facility that provides primary care (Reference Section 4.2.1.1, Application Submission).

Interested Applicants must submit a Letter of Intent by the date and time demonstrated on the cover of this RFA to:

Kelly Anderson-Thomas, MPH, MS

Email: Kelly.Anderson-Thomas@doh.nj.gov

4.2.1.2 Application Submission

To be considered, Applicant's Applications must be responsive to all the requirements of this RFA. Incomplete Grant Applications will not be accepted. All Applications and the corresponding Grant Proposal (reference below) must be submitted via the SAGE system no later than the date and time demonstrated on the cover of this RFA. Paper submission will not be considered. SAGE can be accessed beginning on the date demonstrated on the cover of this RFA, at the following link: www.sage.nj.gov.

Please note: The NJDOH may, in its sole discretion, reissue the RFA and add another application period if insufficient qualified applications are received. Applications not submitted by the due date and time will be deemed nonresponsive and, therefore, subject to rejection.

Applications should be succinct, self-explanatory, and organized in the order outlined below:

- A. **Executive Summary:** A brief description of the proposed project (including the process that will be used to achieve the objectives identified in the RFA). **The Executive Summary should be uploaded under the "Needs and Objectives" project page in SAGE;**

- B. **Letter of Support:** In the event that the Applicant is a New Jersey State University, it must provide documentation that it will partner with a licensed New Jersey healthcare facility that provides primary care, as demonstrated by a Letter of Support. The Letter of Support page must be on its organization's letterhead. The Letter of Support must include but not be limited to the partner's:
 - a. Federal Employer Identification Number (FEIN);
 - b. Applicant's address; and
 - c. A description of the role that the partner will play in the Applicant's proposed program.

The Letter of Support should be uploaded under the "Needs and Objectives" project page in SAGE.

- C. **Grant Proposal:** A description of the approach and plans for accomplishing the work and below objectives that demonstrates the Applicant's understanding of the requirements of this RFA and its ability to successfully complete the project within the designated timeframe.
 - a. **Objective 1:** Completed work plan that identifies the health needs of active military, veterans, and/or first responders, outlines the timeline to implement, identifies steps to implement, and outlines a health plan template to assess and align clinical and behavioral health interventions;
 - b. **Objective 2:** Identification of the number of active military, veterans, and/or first responders who the Applicant proposes to:
 1. Provide healthcare screening, primary care, behavioral health, and medical treatment as part of its proposed program;
 2. Provide same-day appointments;
 3. Provide palliative care and hospice services.
 - c. **Objective 3:** Identification of the varying other services (e.g. housing/employment/legal services) that the Applicant proposes to offer or provide referrals to its program Participants;
 - d. **Objective 4:** Provide quarterly narrative reports that includes: methodologies used and effectiveness of those methodologies; number of clients served; success stories and testimonials; obstacles, barriers and challenges in accomplishing your objectives; and a summary of the effectiveness of the program; and
 - e. **Objective 5:** Development and Implementation of an End-of-Program evaluation that demonstrates how the implemented program effected the targeted population.

The Grant Proposal should be uploaded under the "Needs and Objectives" project page in SAGE.

- D. **Organizational Capacity:** A description of the Applicant’s organizational capacity to achieve the objectives as detailed in this RFA. The Applicant should describe the core project management personnel to execute the award including the roles and responsibilities of project staff.

The applicant should identify its Project Manager and demonstrate its ability to:

- a. Lead and manage the project to successful execution in this RFA;
- b. Monitor the project’s ongoing progress;
- c. Prepare and submit plans, reports and performance measurements; and
- d. Facilitate communication with partners.

The Organizational Capacity should be uploaded under the “Needs and Objectives” project page in SAGE.

- E. **Readiness to Implement:** A description of the Applicant’s readiness to design, develop, implement, and measure the military, veterans, and first responders’ health initiative.

The Readiness to Implement should be included under the “Method(s) and Evaluation” project page in SAGE.

- F. **Evaluation:** A description of how the applicant will conduct an end-of-program evaluation.

The Evaluation should be uploaded under the Method(s) and Evaluation project page in SAGE.

- G. **Budget:** \$250,000 will be made available to the awarded Grantee to develop, implement/maintain an integrated health care program that serves military, veterans, and first responders’ health needs. The Applicant’s budget must:

- a. Demonstrate how it proposes to utilize the funds as it carries out each objective;
- b. Include a timeline of funding use based on the submitted work plan;
- c. Demonstrate the allocation of a portion of the award to fund the End-Of-Program Evaluation.

This Budget information shall be included under Schedule A, Schedule B, and the Cost Summary pages in SAGE. The Applicant shall ensure that all Schedules are clear, complete, and reasonable.

- d. **Additionally, the Applicant must summarize the aforementioned budget information and enter it into Attachment #1, Budget Sheet. Upon completion, the Budget Sheet must be submitted into SAGE under the Attachment page.**

Note: As demonstrated above, Applicants should upload the requested information as follows:

Requirement	SAGE Upload Page
Executive Summary	Needs and Objectives
Letter of Support	
Grant Proposal	
Organizational Capacity	
Readiness to Implement	Method(s) and Evaluation
Evaluation	
Budget	Schedule A, Schedule B, and the Cost Summary
Summary Budget Sheet	Attachments
Financial Documents	Attachments

4.2.1.3 Financial Capability of the Applicant

The Applicant should provide sufficient financial information to enable the NJDOH to assess the financial strength and creditworthiness of the Applicant and its ability to undertake and successfully complete the requirements of the RFA. In order to provide the NJDOH with the ability to evaluate the Applicant’s financial capacity and capability to undertake and successfully complete the RFA, the Applicant should submit the

following in accordance with the NJDOH Terms and Conditions (Reference Attachment #2 of this RFA) to the *Attachment* page in SAGE:

- A. Valid Internal Revenue Service (IRS) 501 (C) (3) tax exempt status;
- B. Statement of total gross revenue and/or annual audit report (if applicable);
- C. Tax Clearance Certificate. – Applications for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml>;
- D. NJ Charities Registration – If the Applicant organization is registered with the NJ Charities Registration then each year a “Letter of Compliance” from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. More information, contact and forms can be found at: <http://www.state.nj.us/lps/ca/charity/charfrm.htm>.

If the information is not supplied with the Application, the NJDOH may still require the Applicant to submit it. If the Applicant fails to comply with the request within the time period demonstrated on the request notification, the NJDOH may deem the Application non-responsive. Note: The NJDOH suggests including all financial information with the submitted Application to not delay the evaluation process.

An Applicant may designate specific financial information as not subject to disclosure when the Applicant has a good faith legal/factual basis for such assertion. An Applicant may submit specific financial documents to the SAGE *Attachment* page. *The attached documents should be clearly marked “Confidential-Financial Information”, if applicable.*

The State reserves the right to make the determination to accept the assertion and shall so advise the Vendor {Bidder}.

5.0 RFA Application Evaluation

5.1 Evaluation Criteria

Submitted Applications will be evaluated either by an Evaluation Committee or by a Department staff member assigned to conduct the Grant. After the evaluation is completed, a Grant will be awarded to the responsible Applicant whose Application, conforming to this RFA, is most advantageous to the State, budget and other factors considered.

The Evaluation Committee or assigned Department staff member will evaluate the Applicant's ability to complete the scope of work as demonstrated by its Application.

In scoring Applications, eligible Applications will be evaluated against the following criteria during review:

- A. Applicant's Grant Proposal and its compliance with RFA requirements;
- B. Applicant's organizational capacity and readiness to perform the work required by the RFA, as presented in its Grant Proposal; and
- C. Applicant's Budget proposal.

Note: Additional consideration will be given to Applicants who propose to serve all three (3) populations: active military, veterans, and first responders. Additional consideration will also be given to applicants who propose to utilize this funding to serve all three (3) populations using telehealth modalities.

6.0 Attachment #1 – Summary Budget Sheet

The Applicant should adhere to the following budget sheet requirements:

- A. Ensure that all line-items have adequate and clear justifications;
- B. Ensure that all costs are reasonable and necessary to obtain the programmatic objectives;
- C. All Schedules must be complete, clear, and reasonable;
- D. If funds are requested for Professional Service Agreements, Professional Services Contracts must be uploaded as an Attachment in the grant application. If the contract is not available, a draft may be uploaded;
- E. Sub-grants must be uploaded as an Attachment in the grant application. If the sub-grant agreement is not available, a draft may be uploaded;
- F. Indirect costs are disallowed for this initiative and shall not be included in the budget;
- G. A list of any proposed equipment purchases must be uploaded as an Attachment;
- H. Ensure that the budget must not exceed \$250,000 and
- I. Other funds shall not be included as part of this application.

OBJECTIVE	ESTIMATED COMPLETION DATE	APPROXIMATE OBJECTIVE COST
1		
2		
3		
4		
5		

7.0 Attachment #2 – NJDOH Terms & Conditions for Administration of Grants