



■ Creating Community Solutions

September 15, 2017

Dear Colleague:

In 1995 the Human Services Advisory Council (HSAC) and The Community Planning & Advocacy Council's (C P A C) Board of Trustees approved a Planning Committee recommendation to reduce the amount of paperwork MAP (Management Assistance Program) compliant agencies submitted with Request for Proposal (RFP) applications. Prior to that time, several documents were submitted each time that you submitted a RFP.

These documents are now submitted annually and are known as the ***RFP Annual Completeness Package***. ***The 2017/2018 Annual Completeness Package*** **MUST** be submitted to CPAC under separate cover by **October 16, 2017**.

The Completeness Package includes:

- **An original and one copy of your agency's most recent Annual Audit** (Audit cannot date back any further than 2 prior years.)
- Documentation of Incorporation and/or IRS 501 (C) (3) Status
- Affirmative Action Questionnaire
- Debarment Certification Form
- Agreement to Indemnification
- Current Board Member Roster
- Current Agency Consolidated Budget

❖ **Please submit Payment to C P A C of \$250.00 Dollars with your Completeness Package**

This is an open enrollment process; however, all documents need to be updated annually. **Completeness Packages will be effective from October 1, 2017 until September 30, 2018**. These materials **must** be on file or copies will need to be submitted with your proposal or your proposal will **NOT** be reviewed. C P A C staff will not disassemble your proposal packages to create an ***Annual RFP Completeness Package***.

Please mail your ***Annual RFP Completeness Package*** to:

Kathy King, Sr. Project Specialist  
C P A C: The Community Planning & Advocacy Council  
2500 McClellan Avenue, Suite 110, Pennsauken, NJ 08109-4212

Thank you for your attention to this matter.

Sincerely,

*Hilary Dugger Colbert*

Hilary Dugger Colbert, MPA  
Director of Grants Management

◆ Community Planning & Advocacy Council  
2500 McClellan Avenue, Suite 110, Pennsauken, NJ 08109  
Phone: 856.663.3998 ■ Fax: 856.663.7182 ■ Website: [www.cpachvi.org](http://www.cpachvi.org)





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## ANNUAL RFP COMPLETENESS PACKAGE

### Cover Sheet

Effective October 1, 2017 – September 30, 2018

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

AGENCY: \_\_\_\_\_

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

PRESIDENT/CEO/EXECUTIVE DIRECTOR: \_\_\_\_\_

PRESIDENT/CEO/EXECUTIVE DIRECTOR E-MAIL: \_\_\_\_\_

The following *checklist* items are required and must be returned with your *Annual RFP Completeness Package*. NOTE: These materials MUST either be submitted annually, or attached with your proposal. If not on file, or submitted with your proposal, the proposal WILL NOT BE REVIEWED.

\_\_\_\_ Original plus one copy of most recent Annual Audit (**Audit cannot date back any further than 2 prior years.**)

\_\_\_\_ Documentation of incorporation and/or IRS 501(C) (3) Status

\_\_\_\_ Affirmative Action Questionnaire

\_\_\_\_ Debarment Certification Form

\_\_\_\_ Agreement to Indemnification

\_\_\_\_ Current Board Member Roster

\_\_\_\_ Current Agency Consolidated Budget

**NOTE: Return this cover sheet with your *Annual RFP Completeness Package*.**

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Camden County  
Board of Freeholders



State of New Jersey  
Department of Children and Families  
Department of Health & Senior Services  
Department of Human Services  
Juvenile Justice Commission



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October 1, 2017

**TO:** All Executive Directors, Presidents, and/or Chief Executive Officers

**FROM:** Hilary Colbert, Director of Grants Management

## **REMINDER NOTICE**

### *PROCEDURE FOR MAILING RFP NOTIFICATIONS*

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Please be reminded that notice was sent to all agencies on the CPAC RFP mailing list, on 6/29/95 stating: “Please be advised that as of July 1, 1995, all RFP correspondence will be directed to the Agency Director, President, or Chief Executive Officer.”

**Therefore, it is the head of the agency’s responsibility to filter a RFP throughout your organization, (i.e. the grant writer, RFP contact person, etc.).**

Please be reminded that notice was sent to all agencies on the CPAC RFP mailing list on 9/28/2012 stating: “Completeness Package receipts will be e-mailed to the President/CEO/Executive Director for your convenience in distributing them to the appropriate person(s) in your agency.”

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Funded by:  Camden County  
Making It Better, Together

Camden County  
Board of Freeholders



State of New Jersey  
Department of Children and Families  
Department of Health & Senior Services  
Department of Human Services  
Juvenile Justice Commission



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## ATTACHMENT D

Effective October 1, 2017 – September 30, 2018

### AFFIRMATIVE ACTION QUESTIONNAIRE

Kindly complete questionnaire in the event that your firm is awarded this contract. The necessary forms will be sent by our office upon award. This questionnaire should be submitted with your bid.

1. Our Company has a Federal Affirmative Action Plan Approval.

YES \_\_\_\_\_ (submit a copy of approval)

NO \_\_\_\_\_ (submit copy of the NJ Certificate of Employee Information Report)

NONE OF THE ABOVE \_\_\_\_\_

2. \_\_\_\_\_ We have neither State nor Federal Affirmative Action evidence, therefore Form AA-302 (Affirmative Action Employee Information Report Application) is attached. Click on [link to AA-302](#)

I certified that the above information is correct to the best of my knowledge.

AGENCY: \_\_\_\_\_

PRESIDENT/CEO/EXECUTIVE DIRECTOR: \_\_\_\_\_

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

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

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## ATTACHMENT E

Effective October 1, 2017 – September 30, 2018

### CERTIFICATION REGARDING THE DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS

\*\*\*\*\*

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(Your title) (Organization)

\_\_\_\_\_  
(Address of your organization)

### CHOOSE ONE OF THE FOLLOWING

\*\*\*\*\*

(\_\_\_\_\_)A. I hereby certify on behalf of \_\_\_\_\_ that neither it  
(Organization)

nor its principles are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

(\_\_\_\_\_)B. I am unable to certify to any of the statements set forth in this certification. I have attached an explanation to this form.

AGENCY: \_\_\_\_\_

PRESIDENT/CEO/EXECUTIVE DIRECTOR: \_\_\_\_\_

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

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

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## ATTACHMENT I

Effective October 1, 2017 – September 30, 2018

### AGREEMENT TO INDEMNIFICATION

By submission of a proposal, the applicant agency acknowledges that CPAC: The Community Planning and Advocacy Council will review any/all applications and make its recommendations to the **Funding Source**. The Applicant hereby releases and relieves the **Funding Source** and the Community Planning and Advocacy Council, their respective officers, agents and/or employees from any liability arising out of, and the Applicant shall indemnify the **Funding Source** and the Community Planning and Advocacy against any expenses, losses or liabilities which the **Funding Source** and/or CPAC may incur in, the exercise and performance of its review and recommendation functions there under, except only that liability caused by CPAC's own gross negligence or willful misconduct.

AGENCY: \_\_\_\_\_

PRESIDENT/CEO/EXECUTIVE DIRECTOR: \_\_\_\_\_

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

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



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