

Notice is hereby given that the Monmouth County Division on Aging, Disabilities & Veterans Services is accepting sealed proposals to provide Kosher Congregate and Kosher Home Delivered Meals as well as Nutrition Education and Nutrition Counseling to Monmouth County residents 60 years of age and older for the period April 1, 2012, through December 31, 2015. The resulting contracts for Older Americans Act Title III, CI, CII and NSIP funding will be for a nine (9) month period commencing April 1, 2012, through December 31, 2012, with three (3) one year renewable options beginning January 1, 2013, at the discretion of the County, subject to the availability of funds and to the continuing satisfactory performance by the provider of service.

Proposal packets for the funding period commencing April 1, 2012, will be available on and after January 19, 2012, at the Monmouth County Division on Aging, Disabilities & Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold, NJ 07728-1255.

**Sealed** proposals must be received by the Monmouth County Division on Aging, Disabilities & Veterans Services, 21 Main & Court Center, P.O. Box 1255, Freehold, NJ 07728-1255 by 12:00 noon on February 15, 2012, at which time the proposals will be opened and contents publicly announced.

A proposal review panel will be chosen. The role of the proposal review panel is to provide recommendations for funding to the Monmouth County Division on Aging, Disabilities & Veterans Services Executive Director.

The review panel will evaluate proposals based on the Evaluation form at the back of this R.F.P. packet.

The award of contract shall be by resolution of the Board of Chosen Freeholders within sixty (60) days after receipt of proposals, unless otherwise extended at the request of the County with the consent of the Contractor(s).

The County reserves the right to waive any informalities in the proposals.

**Available Congregate Meals Funding 2012:**

For the period April 1, 2012, through December 31, 2012, there will be a nine month amount of \$36,278 in Older Americans Act C-I funding and a nine month amount of \$1,650 in Nutrition Services Incentive Program (NSIP) funding. The \$36,278 in Older Americans Act C-I funding requires the grant recipient to provide a 25% match.

Subject to the availability of funds, Congregate Meals Funding for each of the years 2013 through 2015 is estimated at the current full year funding of \$48,371 in Older Americans Act C-I funding (requiring a 25% match by the grant recipient) and \$2,201 in Nutrition Services Incentive Program (NSIP) funding.

**Congregate Meals Program Minimum Specifications:**

To provide approximately 1,875 Kosher Congregate Meals which assure at a minimum one-third of the Recommended Dietary Allowance (RDA) to approximately 148 Monmouth County residents 60 years of age and older at a community site. Menus for congregare meals shall be certified and documented as meeting RDA standards by a qualified nutritionist.

To provide Nutrition Education sessions at congregare nutrition site(s) once each quarter. Nutrition Education must be overseen by a qualified nutritionist.

To provide Nutrition Counseling on a one-to-one basis to participants in the Congregate Meal program as needed.

**Available Home Delivered Meals Funding 2012:**

For the period April 1, 2012, through December 31, 2012, there will be a nine month amount of \$ 52,113 in Older Americans Act C-II funding and a nine month amount of \$8,264 in Nutrition Services Incentive Program (NSIP) funding. The \$ 52,113 in Older Americans Act C-II funding requires a 25% match by the grant recipient.

Subject to the availability of funds, Home Delivered Meals Funding for each of the years 2013 through 2015 is estimated at the current full year funding of \$69,484 in Older Americans Act C-II funding (requiring a 25% match by the grant recipient) and \$11,043 in Nutrition Services Incentive Program (NSIP) funding.

**Home Delivered Meals Program Minimum Specifications:**

To provide approximately 11,625 Kosher Home Delivered Meals which assure at a minimum one-third of the Recommended Dietary Allowance (RDA) to approximately 118 frail/home bound Monmouth County residents 60 years of age and older. The Home Delivered Nutrition program will provide at least one hot or other appropriate meal five days or more a week. Menus for home delivered meals shall be certified and documented as meeting RDA standards by a qualified nutritionist.

To provide Nutrition Education material once each quarter to home delivered meals participants. Nutrition Education material must be overseen by a qualified nutritionist.

To provide Nutrition Counseling on a one-to-one basis to participants in the Home Delivered Meals program as needed.

## **MANDATORY PROVISIONS FOR NUTRITION SERVICE PROVIDERS**

*Taken from the New Jersey Nutrition Standards for the Nutrition Program for the Elderly, effective January 2, 2003 per New Jersey State Department of Health and Senior Services, Division of Aging and Community Services Policy Memorandum 2002-17, III-14. Complete standards will be furnished upon request.*

### **MISSION STATEMENT**

**To provide nutritious meals and services, which are designed to promote the independence, dignity, health and well being of participants.**

#### **I. Nutrition Program Staffing**

An adequate number of staff must be employed to provide administration and implementation of the program as required under the Older Americans Act, and as amended in 2000.

#### **Required Positions**

##### **Project Director - Congregate/Home Delivered Nutrition Services**

The project director should be a full-time employee who must be empowered with the necessary authority to conduct day-to-day management and administrative functions of the program. The director must uphold quality food service standards including adherence to Title III of OAA and Chapter XII (NJ Sanitary Code) requirements. This includes supervision of all staff and volunteers within the project.

##### **The project director's qualifications should include:**

- Graduation from a four-year course at an accredited College or University.  
*Note:* Applicants who do not meet the above education requirements may substitute professional supervisory experience as described below on a year for year basis.
- Three years of responsible professional experience in either a paid or volunteer capacity in social work, working with the elderly, public health, gerontology, psychology, community organization work, nursing home administration, nutrition, dietetics or food service management.  
*Note:* Possession of a master's degree in any of the above fields may be substituted for one year of work experience.
- Broad knowledge of issues pertaining to older people, of community and State agencies and resources available to older people and of the methods of utilizing community resources for older people; current principles and techniques of program planning, budgetary control and personnel management.

### **Required Activities**

- Administration/supervision, maintaining statistical information, submitting required reports, preparing and monitoring Title III contracts
- Implementing, maintaining and monitoring of all purchased services and space; this may include negotiations with caterer/vendors and physical plant owners
- Fiscal management/fundraising and accountability
- Needs assessment/program development
- Public relations/marketing/outreach
- Participation in professional, interagency activities and associations on the community, county and state levels
- Plan, conduct and evaluate staff/volunteer orientation and in-service training

### **Nutritionist**

Each Nutrition Provider must employ or retain the services of a qualified nutritionist for congregate and home delivered meal programs, whose academic preparation and experience will provide the expertise necessary to address the required activities.

### **Site Manager – Congregate Programs**

Each site should have a paid, responsible manager to assure program stability. Good management is necessary for a smooth running site that meets the needs of the participants. The site manager's job duties, areas of responsibility, line of authority and communication must be clearly defined.

The site manager must be provided/be made aware of the job description and specific knowledge and abilities required to perform essential functions. Volunteers may be assigned duties to assist the site manager in accomplishing the required duties.

### **Meal Production Staff**

If the nutrition service provider has a central or on-site kitchen, a lead staff person must be designated. The additional number of kitchen employees needed will be determined by the number of meals, type of menu, available equipment, etc.

### **Staff Development & Training**

All staff, paid and volunteer, must receive orientation prior to beginning work for the program. In addition, training to enhance job performance must be provided on a regular basis.

#### **Required Staff Training Documentation**

- The date and outline of the actual training
- The person conducting the training
- Summary attendance records for each employee.

## II. Records

To establish and maintain a system for the collection of data that will accurately reflect the performance of the program and be used for administrative control. This data must be available for Area Agency and State review.

The following records must be initiated and maintained for a period of three (3) years from the date of expiration of the grant year or contract, unless indicated otherwise.

### A. Congregate Nutrition Programs

#### 1. Intake

By the end of the fifth visit, basic information for each participant must be obtained. This includes name, address, phone numbers, contact person, emergency instructions, services needed, proof of age, i.e. date of birth, etc. This information is confidential and access will be limited to those approved by the project director. The use of the common assessment tool adopted by the State Unit on Aging is recommended.

#### 2. Attendance or Daily Sign-In Sheets

Any form that will document the number of meals served to: participants, including staff over 60; guests, including staff under 60; volunteers; the homebound and handicapped if appropriate. Participants must sign a daily attendance sheet to verify registration. This information must be accurate and maintained at the project office. A reservation system is recommended.

#### 3. Daily Food and Supply Records

Detailed records must be maintained for each day of operation showing:

- Quantities – ordered, shipped, received or prepared on site
- Temperatures – shipped, received and served
- Quality of products, comment section
- Supplies – ordered, shipped and received
- Time – shipped, arrived, serviced
- Menus – served (Any deviation from approved menu must be recorded and reported to the project office)
- Signature (or initial) of receiving person
- Location – site identification
- Date

4. Personnel Records should be maintained for a minimum of 3 years. This includes time sheets, attendance records, training documentation, etc. for paid and volunteer staff.

5. Related Health Department inspection reports and placards (see section on Health Inspections and Technical Assistance of CEHS).

6. State Unit on Aging and Agency Program and Fiscal Reports
7. Contribution Records
8. Nutrition screening, education and counseling records should be maintained.
9. Menus with corresponding nutritional analyses

**B. Home Delivered Nutrition Services -Records**

1. Needs Assessments
  - Client intake shall be completed by designated staff to determine participant eligibility and service needs prior to or within 10 days of initiating the service. Use of the common assessment tool adopted by the State Unit on Aging is recommended.
  - Reassessments must be completed within six-month intervals.
2. Nutrition screening, education and counseling records should be maintained.
3. Contributions Records
4. Related Health Department inspection reports and placards
5. List of personnel including volunteers
6. Menus with corresponding nutrition analyses
7. Waiting lists should be maintained to assist in determining the extent of program need in the service area and to identify service gaps.
8. Waiting list procedures shall be clear and subject to periodic review by the nutrition service provider and the Area Agency on Aging.

### **III. Food Service – Congregate and Home Delivered Standards**

**Goal:** To provide meals that comply with the Dietary Guidelines for Americans published by the Secretary of Health and Human Services and the Secretary of Agriculture which provide to each participating older individual, a minimum of 1/3 the Recommended Dietary Allowance (RDA) as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. Two meals served to the same individual must equal 2/3's the RDA; three meals must equal 100% of the RDA. Food handling must comply with Chapter XII of the State Sanitary Code.

#### **Meal and Service Standards**

##### **A. Meal Planning**

1. All menus must be reviewed, approved and certified by a qualified nutritionist employed by the Nutrition Service Provider. The Nutritionist's Quarterly Activities and Menu Certification Report must be prepared by the nutritionist and supplied to the Area Agency on Aging.
2. Cyclical menu planning is recommended. Menus with documentation as to nutrient content, based on the required use of standardized recipes, must be kept on file by the service provider for a minimum of three years.

##### **B. The Food Service System: Congregate and Home Delivered Nutrition Services**

1. **General Requirements** as noted in Chapter XII of the NJ State Sanitary Code.
2. **Central Kitchen and/or On Site Preparation**
  - a. Written Procedures - To assure adequate staffing, purchasing, meal preparation and distribution, the following should be included but not limited to:
    - Staffing
    - Purchasing
    - Receiving
    - Storage/Inventory
    - Food Preparation
    - Distribution, Packaging, Transporting and Delivery
    - Maintenance
    - Cost Control
    - Safe and sanitary handling of food in compliance with Chapter XII of the NJ State Sanitary Code
  - b. Equipment – The type and scope of the meal program will dictate the appropriate equipment for the operation. Many resources are available on interrelating kinds and sizes of equipment.

### **3. Home Delivered Meals**

Home Delivered Meals routes must be monitored at least semi-annually for the palatability and temperature of the foods on arrival at the participant's destination. Documentation must be kept on file for three years. (See record retention.)

Written procedures for all aspects of the home delivered program must be developed and available for State review. These procedures will document resource acquisition and use as well as establishing how tasks are to be completed.

## **IV. Emergencies**

In order to protect the health and well being of participants, volunteers, and staff, the establishment of emergency preparedness and training for emergency situations is essential. Staff and volunteers must be trained in emergency procedures. Review and update emergency procedures with staff and/or volunteers at least annually and maintain appropriate documentation.

### **Congregate Program Implementation**

The nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at site
- Medical emergency
- Emergency meal provisions for disaster or system failure. (Contact Emergency Management to coordinate planning).
- Weather related situations
- Transportation breakdown
- Food service emergencies (i.e. late food deliveries, inadequate quantities, food arriving out of temperature, personnel shortage)
- Food borne illness

All site managers or designated individuals must be trained to follow established emergency procedures.

- Training should include staff, volunteers and participants as appropriate.
- Prominently post emergency procedures and phone numbers at site.
- Review and update emergency procedures with staff, volunteers and participants at least annually and maintain appropriate documentation.
- Training in CPR, first aid, the anti-choking procedure, or other medical emergency techniques is recommended for staff and/or volunteers

### **Home Delivered Program Implementation**

The home delivered nutrition service provider is responsible for developing written procedures and designating a specific individual for initiating and implementing procedures for the following situations:

- Fire at meal distribution site
- Medical emergency
- Emergency meal provisions for disaster (Contact Emergency Management to coordinate planning)
- Weather related situations
- Meal delivery vehicle breakdown
- Food service emergencies (i.e., late food deliveries, inadequate quantities, food arriving out of temperature, personnel shortage)
- Food borne illness
- Driver/volunteer in-home emergency

## **V. Insurance**

Provider shall have liability, comprehensive, product and accident insurance coverage.

## **VI. Inspections and Technical Assistance of Consumer and Environmental Health Services (CEHS)**

All food service establishments must comply with all applicable licensing laws and ordinances relating to food service operations as outlined in Chapter XII of the NJ State Sanitary Code

## **VII. Target Groups**

Every effort should be made to increase the participation of low income, isolated, frail and minority elders in congregate and home delivered nutrition programs. Limited resources necessitate giving primary consideration to those with the greatest need.

### **Implementation**

- The nutrition provider in cooperation with the Area Agency on Aging should analyze service utilization data to determine current participation of target groups.
- Nutrition providers should identify target groups and address the needs of the most vulnerable and frail elderly participants in the service area.
- Nutrition providers with the Area Agency on Aging will identify agencies to work with to help locate frail and under-served elderly.
- Nutrition providers should partner with agencies to serve the most vulnerable, frail participants and target groups.

- Nutrition providers should define and develop appropriate programs tailored to the needs of target groups and vulnerable, frail participants. Efforts should include:
  1. Attempt to place more services in neighborhoods with high concentrations of low income and/or minority older persons or persons in greater social or economic need.
  2. Provide bilingual staff where appropriate.
  3. Develop creative outreach activities to locate target population.

### **VIII. Coordinated Program and Activities**

Because of its importance in maintaining or improving the health status of the elderly, nutrition screening and education are priorities

#### **Services include:**

- Nutrition providers in cooperation with Area Agencies on Aging will participate in partnerships both public and private to enhance coordination of services for older adults.
- The nutrition provider in cooperation with the Area Agency on Aging will develop and provide a variety of recreational, informational and/or health related programs and activities. A monthly calendar outlining the activities scheduled at each location shall be made available.
- Annual participant satisfaction surveys.
- Information and Assistance and Outreach are essential services that should be made available through nutrition programs in conjunction with the Area Agency on Aging.

#### **Nutrition Education**

##### **1. Programs for Congregate Nutrition Education**

- a. An educational program shall be provided quarterly by the nutritionist. Written information should be provided with nutrition education programs. The nutritionist should be available to answer questions.
- b. Documentation of nutrition education by topic, dates, and attendance must be maintained. (See records.)
- c. Individual nutrition counseling should be available and is the responsibility of the nutritionist. (Registered Dietitian)

##### **2. Programs for Home Delivered Nutrition Education**

- a. Nutrition and consumer education materials should be sent out quarterly to all participants.
- b. The nutritionist must approve all materials provided.

## **REPORTING REQUIREMENTS**

Agencies who provide nutrition programs are required by the Division on Aging, Disabilities and Veterans Services to use SAMS for data reporting and client tracking. This data must be entered monthly.

Provider must be in compliance with NAPIS programmatic reporting requirements as applicable to its program services.

The QPRA financial report and programmatic report must be submitted within eight (8) days after the close of each quarter. A Personnel Summary Report must be submitted quarterly along with the QPRA-1, -2 if your budget has a personnel line item. The submission required for payment is the QPRA-1, QPRA-2 and a signed county voucher.

Grantees must prepare an annual "Grant Closeout", to be submitted to the Division on Aging, Disabilities and Veterans Services by January 8th for the previous fiscal year.

Failure to submit reports accurately and in a timely manner may result in withholding of future payments by the Division on Aging, Disabilities and Veterans Services.

Two (2) programmatic monitoring visits will be conducted annually.

One (1) fiscal monitoring visit will be conducted annually.

## **REQUEST FOR PROPOSAL INSTRUCTIONS**

Please provide one original and three copies of each proposal.

To help distinguish sealed proposals from regular mail coming into our office, it is requested that the outside envelope(s) or box containing sealed proposals indicate that the package is an RFP Response. Please write **RFP Response** in bold writing.

The Request for Proposal is made up of three parts: **a brief Overall Summary, the Scope of Services and the Budget.**

### **A. Brief Overall Summary of the program.**

### **B. The SCOPE OF SERVICES must include the following:**

- A brief background of the Agency.
- A description of the experience the Agency has in providing the services it is proposing in the R.F.P.
- The geographic area to be served by the project.
- Anticipated results of the program (Broad Objectives).
- Specific measurable objectives (see attached page on “Specific Measurable Objectives”).
- A description of methods to be utilized to measure or evaluate the quality/ effectiveness of the program's service and overall client satisfaction with the services.
- Assurances that the provider will attempt to satisfy the needs of low-income seniors in accordance with their need for these services.
- Agency’s plan to allow for client donations to the program, which must meet State requirements (see attached page on “Client Contributions”).
- Agency’s referral system to and from other agencies.
- Job descriptions for all personnel budgeted in the contract proposal.

PLEASE ADDRESS EVERY ITEM REQUESTED IN THE SCOPE OF SERVICES.  
FAILURE TO DO SO MAY JEOPARDIZE YOUR CHANCES FOR FUNDING.

### **C. BUDGET**

Agencies submitting a unit cost contract must submit backup showing how the unit cost was calculated.

MONMOUTH COUNTY OFFICE ON AGING  
REQUEST FOR PROPOSAL COVER PAGE

**A completed Scope of Services, Budget and Review Criteria for the proposed project must be attached to this cover sheet.**

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

NAME AND ADDRESS OF AGENCY:

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

TELEPHONE NUMBER:

FAX:

e-mail:

Type of Organization \_\_\_\_\_ Public Agency \_\_\_\_\_ Private Non-Profit \_\_\_\_\_ For Profit

NAME OF PROPOSED PROJECT:

PROJECT DIRECTOR:

Total Grant Request: \$ \_\_\_\_\_

If the project is located at a different address than above, provide the address:

\_\_\_\_\_

Project is: \_\_\_\_\_ NEW \_\_\_\_\_ RENEWAL

Days and hours of operation of proposed project:

\_\_\_\_\_

Project will start:

\_\_\_\_\_

AGENCY PERSONNEL:

Agency Director \_\_\_\_\_

Project Director \_\_\_\_\_

Fiscal Contact \_\_\_\_\_

Contact Person \_\_\_\_\_

## REVIEW CRITERIA

***YOU MUST RETURN THIS COMPLETED PAGE WITH YOUR REQUEST FOR PROPOSAL.***

**EACH ITEM MUST BE INCLUDED IN PACKAGE SUBMITTED**

INDICATE WITH AN "X" THAT YOUR PROPOSAL INCLUDES:

- (     )     Brief Overall Summary of the program
- (     )     Brief background of Agency
- (     )     Agency's current experience in providing proposed services
- (     )     Geographic Area to be served
- (     )     Broad objectives in performing stated service(s)
- (     )     Specific Measurable objectives
- (     )     Agency's method of evaluation of services  
and method of receiving client feed back
- (     )     Specifics on how project will attempt to meet the needs of  
low-income minority seniors
- (     )     Agency's plan to allow for client donations
- (     )     Agency's referral system to and from other agencies
- (     )     Job descriptions for all budgeted personnel
- (     )     Budget breakdown for this project

## REQUEST FOR INFORMATION

**You must return this page with your Request for Proposal and verify with a check mark that each item is attached to the submission package.\***

- Statement of Adequacy of Accounting System (form attached)
- Federal Internal Revenue Service I.D. Number (If Agency does not have one, please send letter from appropriate source stating that it does not have to have one.)
- Certified Copy of Articles of Incorporation (if applicable)
- Organization Chart
- Board of Directors List (if applicable)
- Suggested donation schedule (if program has such a schedule)
- State of New Jersey CRI.300R/Annual Report for Charitable Organizations (if applicable)
- Most recent Audit/Financial statement
- NJ State Business Registration Certificate issued by the NJ Department of Treasury, Division of Revenue (Governmental agencies and non-profits are exempt.)
- Statement of Ownership (Governmental agencies are exempt.)
- Non-Collusion Affidavit
- Vendor Certification Form
- Equal Employment Opportunity Questionnaire (optional item)
- Acknowledgement of receipt of addendum or revision, if any

\* Note: Successful bid will need to submit a Certificate of Liability Insurance evidencing a minimum of \$1million insurance coverage and an original endorsement to the policy of insurance showing "the County of Monmouth as additional insured" once contract is executed .

**STATEMENT OF ADEQUACY OF ACCOUNTING SYSTEM**

I, \_\_\_\_\_, will oversee the  
establishing and maintaining of the financial records for the  
\_\_\_\_\_ program for FY-2012.

The accounting system that will be established and maintained for the purpose of  
this grant will be adequate to:

- 1) provide for accurate identification of the receipts and expenditures of grant  
funds by approved budget cost categories,
- 2) provide for documentation supporting each book entry,
- 3) provide accurate and current financial reporting information on the properly  
executed documents on the dates due,
- 4) be integrated with a strong system of internal control,
- 5) and will conform to any and all requirements or guidelines that the Area  
Agency on Aging may issue.

\_\_\_\_\_  
Chief Financial Officer (Government) or  
Public Accountant (Private)

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

\_\_\_\_\_  
Name of Grantee

**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](http://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.**

## NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS – NON-CONSTRUCTION

All New Jersey and out of state business organizations must obtain a Business Registration Certificate (BRC) from the Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of Treasury, State of New Jersey, must be submitted for the vendor. No contract will be awarded without proof of business registration with the Division of Revenue. The contract will contain provisions in compliance with N.J.S.A. 52:32-44, as amended, outlined below.

The contractor shall provide written notice to its subcontractors and suppliers of the responsibility to submit proof of business registration to the contractor.

Before final payment of the contract is made by the contracting agency, the contractor shall submit an accurate list and proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the contractor and each of its affiliates and each subcontractor and each of its affiliates (N.J.S.A 52:32-44 (g) (3) ) shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the “Sales and Use Tax Act” (N.J.S.A. 54:32 B-1, et seq.) on all sales of tangible personal property delivered into this state.


A business organization that fails to provide a copy of a registration as required pursuant to section 1 of P.L. 2001, c.134 (N.J.S.A. 52:32-44 et seq.) or subsection e. or f. of section 92 of P.L. 1977, c.110 (N.J.S.A. 5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25.00 for each day of violation, not to exceed \$50,000.00 for each business registration copy not properly provided under a contract with a contracting agency.

Sample Business Registration Certificates are attached. Certain other forms, such as a Certificate of Authority to collect Sales and Use Taxes or a Certificate of Employee Information Report Approval, are **not** proof of business registration.

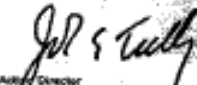
Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG can be filed online at:

<http://www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity>

THESE ARE SAMPLES OF BUSINESS REGISTRATION CERTIFICATES.

	<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>
Taxpayer Name:	
Trade Name:	
Address:	
Certificate Number:	
Date of Issuance:	
For Office Use Only:	

OR

<b>STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE</b>		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 282 TRENTON, N.J. 08646-0282
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	<small>Acting Director</small>	
<small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small>		

**STATEMENT OF OWNERSHIP**

(N.J.S.A. 52:25-24.2)

The VENDOR is (check one):

- Individual       Partnership       P.A.       P.C.       L.L.C.       L.L.P.  
 Corporation       Joint Venture       Other (specify): \_\_\_\_\_

I certify that:

- No individual person or entity owns a 10% or greater interest in the Vendor.

**OR**

- The names and addresses of all persons and entities who own a 10% or greater interest in the Vendor or any listed entities are as follows:

NAMES:	ADDRESSES:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

- Check here if additional sheets are attached.
- Check here to certify that no person or entity, except for those already listed above or on any attached sheets, owns a 10% or greater interest in the vendor or any listed entities.

NAME OF VENDOR: \_\_\_\_\_

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

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

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

**NOTE:** If any entity owns a 10% or greater interest in the Vendor, list all owners of 10% or greater interest for each such entity. Repeat the process of disclosure as necessary for each tier or level of ownership until the name and address of each individual person who owns a 10% or greater interest in each listed entity has been disclosed.

**NON-COLLUSION AFFIDAVIT**  
(N.J.S.A. 52:34-15)

STATE OF \_\_\_\_\_ )

ss:

COUNTY OF \_\_\_\_\_ )

Re:

I, \_\_\_\_\_ (name)  
of full age, being duly sworn according to law, on my oath depose and say:

I am the \_\_\_\_\_ (title)

of \_\_\_\_\_ (name of vendor),  
the vendor for the above named project, and that I executed the said bid with full authority so to do; that the vendor has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in the bid and in this affidavit are true and correct, and made with full knowledge that the County of Monmouth relies upon the truth of the statements contained in the bid and in the statements contained in this affidavit in awarding a contract for the project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by my firm for the purpose of securing business.

**Signed: X** \_\_\_\_\_

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

\_\_\_\_\_  
**Notary Public of**

**My commission expires** \_\_\_\_\_, 20\_\_.

**VENDOR CERTIFICATION FORM**

The undersigned is a (check one) sole proprietorship (  ), partnership (  ),  
corporation (  ) or joint venture (  ) under the laws of the State of

\_\_\_\_\_ having principal offices at

\_\_\_\_\_

CONTRACTOR: \_\_\_\_\_

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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

**EQUAL EMPLOYMENT OPPORTUNITY**

**QUESTIONNAIRE ON**

**PROCUREMENT AND SERVICE CONTRACT**

**(THIS FORM IS NOT NECESSARY FOR A CONSTRUCTION CONTRACT)**

**YES OR NO**

1. Our Company has a current federal affirmative action plan approval. \_\_\_\_\_  
If yes, please submit a copy of said approval.
2. Our Company has a New Jersey State Certificate of Employee Information Report. If yes, please include copy. \_\_\_\_\_
3. We do not have a current Federal Plan Approval or State Certificate. \_\_\_\_\_  
If we are awarded a contract, please send us Form AA-302 (Employee Information Report) for completion.

**PLEASE NOTE:**

One of the above **MUST** be submitted **IF YOU ARE THE SUCCESSFUL BIDDER AND RECEIVE THE AWARD. THIS IS REGARDLESS OF THE NUMBER OF EMPLOYEES YOU HAVE.**

**NAME:** \_\_\_\_\_

**SIGNATURE:** X \_\_\_\_\_

**TITLE:** \_\_\_\_\_

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

**THIS FORM SHOULD BE COMPLETED, SIGNED AND RETURNED WITH YOUR BID.**

**COUNTY OF MONMOUTH**

**ADDENDUM NO.** \_\_\_\_\_

**ACKNOWLEDGMENT**

PROJECT ENTITLED: \_\_\_\_\_

\_\_\_\_\_

acknowledgment is hereby made of the receipt of Addendum No. \_\_\_\_\_  
containing information for the above referenced project.

VENDOR: \_\_\_\_\_

BY: \_\_\_\_\_

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

TITLE: \_\_\_\_\_

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

**NOTE:**

**WHEN AN ADDENDUM IS ISSUED, THIS ACKNOWLEDGMENT MUST BE ATTACHED TO THE FRONT OF THE PROPOSAL AT THE TIME OF RECEIPT. FAILURE TO DO SO WILL RESULT IN IMMEDIATE REJECTION.**

## **SPECIFIC MEASURABLE OBJECTIVES**

Specific Measurable Objectives must contain the following information:

1. Name of service
2. Number of units to be provided
3. Number of unduplicated clients to be served
4. Cost of service

### **EXAMPLE:**

To provide 1,000 units of Information and Assistance to 500 unduplicated clients in the year 2010 at a cost of \$10,000.

## CLIENT CONTRIBUTIONS

### Title III/SWHDM/SSBG/SHTP Contract Requirements

Each Agency must:

- Provide each older person with a free and voluntary opportunity to contribute to the cost of the services.
- Protect the privacy of each older person with respect to his or her contribution.
- Establish appropriate procedures to safeguard and account for all contributions.
- Where services are provided at a specific site, or where services are provided in large groups, unencoded envelopes shall be given to all recipients. The contributions shall be deposited by participants in a locked, slotted metal box. The contributions shall not be given to provider staff members, project employees, volunteers or Area Agency employees.
- Use all contributions to expand the services provided by the grant agreement.
- Agencies may develop a suggested contribution schedule for services provided by this agreement. Prior written approval of the County must be obtained before the Agency may utilize said schedule. In developing a contribution schedule the Agency must consider the income ranges of older persons in the community and the Agency's other sources of income.
- An agency may not deny any older person a service provided by this program because the older person will not or cannot contribute to the cost of the service.
- Contributions made by older persons are considered program income. Contributions cannot be used to supplant existing funds and contributions received are to be shown as part of the budget for programs receiving funds under the Older Americans Act and related funding.

## PROGRAM BUDGET INSTRUCTIONS

*Note that a separate budget must be submitted for each service funded.*

*In addition, all sections of the budget must be completed.*

*The Excel Template can be obtained at [www.visitmonmouth.com/aging](http://www.visitmonmouth.com/aging) under the RFP Kosher tab.*

### **COVER SHEET (Page B 1 of 6):**

1. **Title of Project:**

Insert in section 1.

2. **Type of Application:**

Place an “X” in front of New.

3. **Project Director (Name, Title, Department Address...):**

Insert in section 3

4. **Applicant Agency (Name and Address):**

Insert name and address of the agency applying for the grant in section 4.

5. **Name, Title, Address of Official authorized to sign for applicant agency:**

Insert in section 5.

6. **Dates/From/Thru/Amount:**

- **Project Period:** Insert the start date, the end date, and the amount (“Total Project Cost” from line A on bottom of page B1) for the Project Period.
- **Budget Year:** All grants run calendar year (January – December), and the amount should equal the “Total Project Costs” from line A on the bottom of page B 1.

7. **Type of Organization:**

Place an “X” in front of either Public Agency, Private Non-Profit Agency, or For Profit Agency.

8. **Payee (Specify to whom checks should be sent: Name, Title, Address):**

Insert in section 8.

9. **(For State Agency Use):** Leave blank.

## **PROGRAM BUDGET INSTRUCTIONS (Continued)**

**Budget Calculations** - The bottom section of the budget cover page summarizes the input from pages B2 through B6. If using the Office on Aging's Excel template, this summary section will be automatically calculated.

### **A. Total Project Costs:**

Summary of all expenses from the "Total Project Costs" field on the bottom of page B 4. Fill in dollar (\$) field only; percent (%) field to be left blank.

### **B. Estimated Project Income:**

Summary of income from the "Total Estimated Project Income" field on the bottom of page B 5. Fill in dollar (\$) field only; percent (%) field to be left blank.

### **C. Project Net Costs (Line A Less Line B):**

Line A. ("Total Project Costs") minus Line B ("Estimated Project Income"). Fill in dollar (\$) field only; percent (%) field to be left blank.

### **D. Local Non-Federal Participation:**

- Dollar (\$) Field: Summary of resources from the "Total Local Non-Federal Participation" field on the bottom of page B 6.
- Percent (%) Field: "Local Non-Federal Participation" dollars percent of the "Project Net Costs" dollars. (Line D-\$ divided by Line C-\$.)

### **E. Funds Requested (Line C Less Line D):**

- Dollar (\$) Field: "Project Net Costs" (Line C-\$s) minus "Local Non-Federal Participation" (Line D-\$s).
- Percent (%) Field: "Funds Requested" dollars percent of the "Project Net Costs" dollars. (Line E-\$s divided by Line C-\$s.)

### **Note for "Unit Cost" Contracts only:**

If using a unit cost budget, it is very important that a realistic figure be used for the Budgeted Units of Service, since it can significantly affect the computation of the unit cost. The Budgeted Units of Service should be based, when possible, on historical data from the most current 12-month period. ALL UNIT COST BUDGETS MUST HAVE BACKUP.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### **EXPENSES (Pages B 2 – B 4):**

#### 1. **Personnel:**

There are three sections that fall under Personnel as follows:

- a. **Salaries and Wages** – The salaries and wages of all full-time or part-time employees must be entered in this section.
- b. **Fringe Benefits** – Include all supplementary compensation and benefits, including FICA, state unemployment, health insurance, disability and life insurance, pension or retirement benefits, and worker's compensation.
- c. **In-Kind Costs** – Volunteer services which are properly documented; building space that is provided that is not a direct expense of any other federal program.

#### 2. **Consultants and Contract Services:**

These costs represent service agreements or fees for services rendered by members of a particular profession who are not employees of the provider agency. These costs include medical, educational, psychiatric/psychological fees. Other typical costs included in this category are for legal and accounting services, employment fees, data processing services, payroll preparation, and management services. Charges for brokerage and investment services, commissions, and collection fees are not allowed.

#### 3. **Travel (staff only):**

- a. Include reimbursement rate per mile as well as total cost. Travel costs are allowable for expenses for transportation, lodging, sustenance, and related items incurred by employees who are in travel status on official business incident to the Older Americans Act program.
- b. Include allowable training and educational expenses and the costs of any in-house or outside meetings and conferences that are for the dissemination of technical information relative to the Agency's program activities.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### 4. **Food (allowable for Nutrition Program only):**

Food costs include all raw food costs and consumable products which directly relate to the delivery of meals to an eligible participant under Older Americans Act and related funding. Food costs also include food prepared and delivered under a separate meal provider contract. The meal must meet all eligibility criteria. The meal must meet one-third of the RDA, be served to an “eligible individual” (any person age 60 and over) and their spouse, and be served by an agency which is under the jurisdiction, control, management, and authority of the Area Agency on Aging or the NJ State Division of Aging and Community Services.

### 5. **Building Space:**

These costs represent allowable expenses associated with the usage and maintenance of buildings utilized by the agency for the funded program. Facility costs must be allocated on a logical and equitable basis (usually square footage).

- a. Rental of Space – Include the total allowable rental cost.
- b. Utilities – Include the costs of electricity, gas, oil, water and sewerage.
- c. Maintenance.
- d. Repairs – Itemize normal upkeep costs which neither add to the permanent value of the property nor appreciably prolong its useful life.
- e. Insurance – Include the cost of insurance applicable to buildings and equipment (premises insurance).
- f. Building space that is not a direct expense of any other federal program and is being provided to any grantee without cost to the Older Americans Act program.

### 6. **Printing & Office Supplies:**

The cost of supplies and material necessary to carry out the Older Americans Act programs are allowable. Purchases made specifically for the Older Americans Act program should be charged thereto at their actual prices after deducting all cash discounts, trade discounts, rebates, and allowances received by the grantee. Costs for printing and reproduction services necessary for Older Americans Act program administration, including but not limited to forms, reports, manuals, and informational literature, are allowable.

### 7. **Equipment:**

The cost of equipment. When equipment acquired with Older Americans Act funds are sold, or are no longer available for purposes authorized by the Older Americans Act, the equity in the asset will be refunded to the Contract. In case any assets are traded on new items, only the net cost of the newly acquired assets is an allowable expense. The acquisition of equipment is allowable only upon specific prior approval of the Office on Aging.

## PROGRAM BUDGET INSTRUCTIONS (Continued)

### 8. Other Costs:

- a. Advertising: Advertising media includes newspapers, magazines, radio and television programs, direct mail, trade papers, and the like. The advertising costs allowable are those which are solely for:
  - Recruitment of personnel required for the Older Americans Act program, or
  - Solicitation of bids and/or proposals for the procurement of goods and services required for Older Americans Act programs, or
  - Other purposes specifically provided for the Older Americans Act program agreement.
- b. Advisory Councils: Costs incurred by Advisory Councils/Committees established pursuant to Older Americans Act requirements to carry out Older Americans Act programs are allowable. Travel of the Advisory Council is to be included in the “Travel” section of the approved budget.
- c. Communications: Communication costs incurred for telephone calls or service, telegraph, wide area telephone service (WATS), centrex, telpak (tielines), postage, messenger service and similar expenses are allowable.
- d. Exhibits: Cost of exhibits relating specifically to the Older Americans Act programs are allowable.
- e. Maintenance and repair: Costs incurred for necessary maintenance, repair or upkeep of equipment which neither add to the permanent value of the property nor appreciably prolong its intended life, but keep the equipment in an efficient operating condition, are allowable.
- f. Memberships: The cost of membership in civic, business, technical and professional organizations is allowable provided the benefit from the membership is related to the Older Americans Act program, the cost of the membership is related to the value of the services or benefits received by the Older Americans Act program, and the expenditure is not for membership in an organization which devotes a substantial part of its activities to influencing legislation.
- g. Publications: The cost of books and subscriptions to civic, business, professional, and technical periodicals is allowable when related to the Older Americans Act program.

**PROGRAM BUDGET INSTRUCTIONS (Continued)**

**SUPPORTING BUDGET SCHEDULE (Page B 5 – B 6)**

**Indirect Costs:**

Note: “Indirect Costs” apply to County Agencies only; they are not applicable to Grantees.

**ESTIMATED PROJECT INCOME:**

Includes:

A. **Participant Contributions:**

The Older Americans Act provides that all services coming under the Older Americans Act and related funds have provisions allowing participants to contribute. All income that is realized from participant contributions is to be included in this category.

B. **Other Income:**

This category is to be used when reporting program income other than participant contributions. The source of such income is to be identified within the service provider’s grant/contract, inter-agency agreement, or letter of agreement.

1. Budgeting for all meal programs must include projected NSIP (formerly known as U.S.D.A.) reimbursement.
2. Proceeds from the sale of real or tangible personal property
3. Proceeds from the sale of equipment purchased with Older Americans Act funds.
4. Rental fees.
5. Patents or copyright royalties
6. Interest Income

**LOCAL NON-FEDERAL PARTICIPATION:**

Total Local Non-Federal participation includes:

A. **Cash Resources:**

Includes Grantee cash, Municipal Match, COLA, and State Match.

B. **In-Kind Resources:**

Volunteer services which are properly documented; building space that is provided that is not a direct expense of any other federal program.

## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b>				
<b>2. Type of Application:</b> (Check one) <input type="checkbox"/> New <input type="checkbox"/> Renewal				
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b>	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	<b>Amount</b>
	Project Period			
	Budget Year			
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b>	<b>8. Payee (Specify to whom checks should be sent: Name , Title, Address):</b>			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b>	<b>9. (For State Agency Use):</b>			
	<b>%</b>	<b>\$</b>		
<b>A. Total Project Costs</b>	XXXXXX			
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX			
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>				



**RFP BUDGET**  
**RFP BUDGET**  
**ESTIMATED COST FOR PROJECT (Continued)**

CATEGORIES	CASH	IN-KIND	TOTAL
<b>4. Food (allowable for Nutrition Program only)</b>			
<b>Total Food</b>			
<b>5. Building Space</b>			
<b>Total Building Space</b>			
<b>6. Printing &amp; Office Supplies</b>			
<b>Total Printing &amp; Office Supplies</b>			
<b>7. Equipment</b>			
<b>Total Equipment</b>			





**ATTACHMENT B  
SUPPORTING BUDGET SCHEDULE  
LOCAL NON-FEDERAL PARTICIPATION**

<b>SOURCE</b>	<b>AMOUNT</b>
<b>Cash Resources</b>	
<b>Cash Resources Sub-Total</b>	

<b>In-Kind Resources</b>	
<b>In-Kind Resources Sub-Total</b>	

<b>TOTAL LOCAL NON-FEDERAL PARTICIPATION</b>	
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**MONMOUTH COUNTY OFFICE ON AGING  
RFP FOR 2012 FUNDS FOR KOSHER NUTRITION PROGRAM  
RFP EVALUATION FORM**

Agency: \_\_\_\_\_

Total Points: \_\_\_\_\_  
(Minimum= 20; Maximum = 100)

Proposed Program/Services: \_\_\_\_\_

Reviewer: \_\_\_\_\_

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

	Poor (2)	Fair (4)	Good (6)	Very Good (8)	Excellent (10)	Weight = (x)	Total
Clear Statement of Goals, Outcomes and Evaluation Methods						X1	
Level of Service Offered						X1	
Geographic Area Served						X1	
Experience of Agency in providing proposed services						X2	
Qualifications and Experience of Budgeted Staff						X2	
Reasonableness of Budget						X3	
<b>TOTAL</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	

COMMENTS: