

**State of New Jersey  
Department of Corrections  
Division of Programs and Community Services  
Office of Community Programs**

**APPLICATION FOR CONTRACTUAL SERVICES  
MENTAL HEALTH  
RESIDENTIAL COMMUNITY RELEASE PROGRAM (RCRP)**

This application must be completed in full by the Chief Executive Officer of the agency desiring to enter into a contract with the New Jersey Department of Corrections (NJDOC) for the provision of mental health residential community release services for male and female inmates. If you will be submitting proposals for multiple sites, you must complete an application for each facility/program.

The form is self-explanatory. Complete it as accurately and concisely as possible. If needed, you may attach more detailed responses.

**RETURN TO:**

New Jersey Department of Corrections  
Division of Administration  
Administration Building, Room No. 213  
P.O. Box 863  
Trenton, N. J. 08625-0863

Attention: Office of Financial Management  
Bureau of Procurement and Contract Management

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct.

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(Name of Facility or Program)

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(Signature of Individual Authorized to Sign Contract)

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(Title)

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(Date Submitted)

I

**AGENCY INFORMATION**

**Facility/Program Name:** \_\_\_\_\_

Is this Program currently in operation?     Yes     No

If not, when will it be ready? \_\_\_\_\_

A. Name of agency that will be responsible for the operation of the program:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_ Tel: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

B. Type of Corporation:             Profit             Non-profit             Religious

C. Person responsible for the administration of the program:

\_\_\_\_\_

Name	Title
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Address \_\_\_\_\_  
(if different from above)

Tel: \_\_\_\_\_ Fax: (if different from above) \_\_\_\_\_

**D. Please attach copies of the following:**

- 1. Certificate of Incorporation;
- 2. Annual Report to Secretary of State of New Jersey;
- 3. Most recent agency audit and/or fiscal statement;
- 4. Internal Revenue Service Tax Exempt Certificate or Letter;
- 5. Annual Report of a Charitable Organization (CO – 1 or CO – 3);
- 6. List of your agency’s current and previous contracts (programs) including contact persons and addresses.

E. Does agency have any litigation pending?             Yes     No  
If yes, please explain and provide status in attachment.

F. Is agency current with all state and federal tax payments?             Yes     No  
If no, please explain and provide status.

**Facility/Program Name:** \_\_\_\_\_

G. Is agency involved in disputes with local or state authorities?  Yes  No  
If yes, please explain and provide status.

H. Has agency at any time filed for bankruptcy protection?  Yes  No  
If yes, please explain and provide status.

I. Have local or state authorities imposed fines or sanctions on agency in the past 5 years?  Yes  No  
If yes, please explain and provide status.

J. Years of experience in similar enterprise. \_\_\_\_\_

K. Briefly describe the history and background of your agency, including its most significant accomplishments. (Attach any brochures or relevant information describing your organization.) \_\_\_\_\_

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L. Briefly describe your agency's current community involvement in the area to be served and your ability to develop local community and/or political support for the program.

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II

**FACILITY/PROGRAM INFORMATION**

**Facility/Program Name:** \_\_\_\_\_

A. Address of facility in which contractual services are to be provided.

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

B. Is your program licensed by a state agency and, if so, for what purpose? \_\_\_\_\_

\_\_\_\_\_

**C. Please attach copies of the following:**

1. Certificate of Occupancy or Certificate of Need;
2. Fire and health inspection reports (most recent);
3. Facility license if applicable (Department of Community Affairs, Department of Health and Senior Services, etc.); and
4. Three (3) letters of support for the program from local community organizations or public officials.

D. Does facility meet state and local zoning requirements and multiple occupancy standards?

Yes     No    If no, please explain.

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

E. What is your facility's client capacity?

Residential	Males	<input type="text"/>	Females	<input type="text"/>
Non-Residential	Males	<input type="text"/>	Females	<input type="text"/>

F. If zoning use variance is necessary, please indicate status and/or date of application.

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

**III**

**PROPRIETARY RIGHTS**

Proposals, once the Contract(s) is awarded, are considered public records and subject to the New Jersey Open Public Records Act (NJ OPRA) and may be made public; if requested, and not subject to any exception to the NJ OPRA.

Your agency may explicitly designate certain portions; but not all, of its proposal as proprietary within the meaning of NJ OPRA. In the event a NJ OPRA request is made and your agency has designated some portion of the proposal as proprietary, the New Jersey Department of corrections will notify your agency of the request. In the event of any challenge to your agency's assertion of confidentiality with which the State of New Jersey does not concur, your agency shall have sole responsibility for defending its designation.

Specifically indicated which portions of your agency's proposal; if any, are designated proprietary.

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**APPENDIX CHECKLIST**

**Facility/Program Name:** \_\_\_\_\_

**Section I – Agency Information**

- A.  Certificate of Incorporation
- B.  Annual Report to Secretary of State of New Jersey
- C.  Agency Audit/Fiscal Report
- D.  Tax Exempt Certificate/Letter
- E.  Charitable Organization/Annual Report
- F.  Current/Previous Contracts
- G.  Explanation and status of pending litigation (if applicable)
- H.  Explanation and status of past due state and federal tax payments (if applicable)
- I.  Explanation and status of disputes with local or state authorities (if applicable)
- J.  Explanation and status of bankruptcy protection (if applicable)
- K.  Explanation and status of state imposed fines or sanctions (if applicable)

**Section II – Facility/Program Information**

- A.  Certificate of Occupancy or Certificate of Need
- B.  Fire and Health Inspection Reports
- C.  Facility License, if applicable
- D.  Letters of Support
- E.  Copy of Lease Agreement or lease option document, if applicable

**Section III – Forms**

- A.  Source Disclosure Certification
- B.  Vendor/Bidder Certification and Political Contribution Disclosure Form Public Law 2005, Chapter 271
- C.  Set-Off for State Tax Notice
- D.  Disclosure of Investment Activities in Iran Form
- E.  MacBride Principles Certification
- F.  Subcontractor Utilization Plan Form (if bidder intends to subcontract)
- G.  Two-year Chapter 51/Executive Order 117 Vendor Certification and Disclosure of Political Contributions (Disclosure Certification)