



John C. Bartlett, Jr., Freeholder Director
Gerry P. Little, Freeholder Deputy Director
John P. Kelly, Freeholder
James F. Lacey, Freeholder
Joseph H. Vicari, Freeholder

Michael J. Fiure, Director, Management & Budget
Jennifer L. Bowens, Purchasing Agent

**COUNTY OF OCEAN
ADMINISTRATION BUILDING
101 HOOPER AVENUE
TOMS RIVER, NEW JERSEY 08753**

REQUEST

FOR

QUALIFICATIONS

FOR

**MENTAL HEALTH SERVICES
(NORTHERN OCEAN COUNTY)
2016**

REQUEST FOR QUALIFICATIONS

The Ocean County Board of Chosen Freeholders is requesting qualifications for vendors to provide **MENTAL HEALTH SERVICES (NORTHERN OCEAN COUNTY)**.

The Request for Qualifications (RFQ) is available on the Ocean County Bid Portal Website (<http://www.co.ocean.nj.us/ocbidportal.nsf>) or by contacting the County Administrator's Office at 732-929-2147.

Scaled proposals shall be mailed to:

County Administrator's Office
Administration Building, Room 335
101 Hooper Avenue
Toms River, New Jersey 08753

and must be received prior to **4:00PM**, prevailing time on **November 19, 2015**. The County will not be responsible for late mail deliveries and no proposals will be accepted if received after the time stipulated in this notice. Proposals may be hand delivered to the County Administrator's Office.

By order of the Board of Chosen Freeholders of the County of Ocean.

Signed: **JOHN C. BARTLETT, JR.**
Freeholder Director

CARL W. BLOCK
County Administrator

County of Ocean
Request for Qualifications
MENTAL HEALTH SERVICES (NORTHERN OCEAN COUNTY)
Responses Due: November 19, 2015

INTRODUCTION

The County of Ocean is a County of Fifth Class as defined in N.J.S.A. 40A:6-1 et seq. Pursuant to N.J.S.A. 19:44A-20.4 et seq., the County of Ocean requests qualifications from community mental health centers licensed pursuant to N.J.A.C. 10:37-10.1 able to provide a full continuum of care for residents in Ocean County with mental illness for Calendar Year 2016.

The successful community mental health center must possess the required professional licenses and certifications for the mental health services to be provided and have a minimum of five years experience in providing mental health services to the residents of Ocean County or New Jersey residents in general.

SCOPE OF WORK

The successful community mental health centers shall supply the mental health services, for the Northern Service Area (Lakewood, Lakehurst, Jackson, Manchester, Plumsted, Brick, Pt. Pleasant, Pt. Pleasant Beach, Mantoloking, Bay Head Townships/ Municipalities), as requested by the County of Ocean including, but not limited to, the following:

- Outpatient Services: assessments, individual and group therapy, psychiatric evaluation and treatment, medication monitoring, medication subsidies, referral and linkage, substance abuse services for those with co-occurring disorders of mental illness and substance abuse, support services for critical mental health programs including justice involved and diversion services, and client case management and advocacy for children, adults, and senior adults with mental illness;
- Psychiatric Services: comprehensive psychiatric evaluation/assessment, treatment, medication monitoring, medication subsidies, for children, adults, and senior adults with mental illness;
- Child and Adolescent Programming, Outpatient, and/or Partial Care Services: for the stabilization of psychiatric symptoms, to increase appropriate social skills, improve communication skills within family units, improve activities of daily living, and improve coping skills;
- Support Services to Residential Programming for Children, Adolescents and Adults: for the stabilization of psychiatric symptoms, provide medication education, provide referral and linkage, provide client case management and advocacy for children, adults, and senior adults with mental illness, facilitate increased medication compliance, develop appropriate social skills, improve

communication skills within the family and within the community, provide parenting skill education, improve daily living and coping skills, and improve overall success in living independently within the community.

- Adult Partial Care Programming Services or Support Services to Adult Partial Care Programming: daytime treatment alternative to hospitalization for adults, chemically addicted and mentally ill adults, and/or children as an alternative to hospitalization and to stabilize psychiatric symptoms, increase appropriate social skills, improve communication skills, improve activities of daily living, and improve coping skills;
- Specialized Mental Health Nursing Services: to assist in the psychiatric care of individuals experiencing a mental illness;
- Early Detection & Prevention Programming: proactively outreach through outpatient programs or other identified services and arrange for the provision of educational and prevention activities for the community with the goals of reducing stigma, assisting in early identification of mental illness, and participating in the planning and development of needed resources;
- Infrastructure for the above services;
- Quarterly Level of Service Report submitted to the Ocean County Mental Health Board.

ALL SUBMISSIONS MUST INCLUDE THE FOLLOWING MINIMUM INFORMATION:

1. Name of the individual(s) to be assigned to perform the tasks.
2. Experience of the individual(s) to be assigned including a listing of experience with the County of Ocean and/or experience with New Jersey.
3. A statement concerning the ability of the vendor to perform tasks assigned by the County in a timely fashion.
4. A description of the support staff available to the individual(s) to be assigned.
5. **Cost proposal or schedule clearly delineating a schedule for each anticipated service, in addition to a specific anticipated level of service, a detailed anticipated duration of activities or services, and a unit cost per service to be delivered.**
6. A copy of a Certificate of Insurance, issued by an insurance carrier licensed in the State of New Jersey, for the organization showing the amount of professional liability insurance and all other insurance coverage in place as of the date of the submission of your response.
7. A list of four professional references with addresses and telephone contact numbers. Three must have direct knowledge relating to your experience in providing the services requested by the County.

8. A copy of your New Jersey Certificate of Employee Information Report Approval pursuant to N.J.A.C. 17:21-1.1 et. seq. or a completed Form AA-302 Initial Employee Information Report.
9. A copy of your New Jersey Business Registration Certificate.
10. Professional licenses and certifications held by the individual(s) to be assigned to provide the services requested by the County.
11. A signed, completed copy of the enclosed RFQ Document Checklist and documents required therein.

SUBMISSION REQUIREMENTS

All responses to the Request for Qualifications ("RFQ"):

1. Will be opened publicly in the Administration Building, Room 335, 101 Hooper Avenue, Toms River, New Jersey, commencing at 4:00 p.m., prevailing time, on November 19, 2015.
2. Must be enclosed in a sealed envelope bearing the name and address of the submitter, the name of this RFQ and the RFQ date on the outside of the envelope.
3. Responses which are to be hand delivered the day of the opening must be taken and presented to the Ocean County Administrator at the time the responses to this RFQ are called for.
4. Responses to the RFQ which are to be mailed, shall be mailed to the:

OCEAN COUNTY ADMINISTRATOR
101 HOOPER AVENUE, ROOM 335
P.O. BOX 2191
TOMS RIVER, NJ 08754-2191

and must be received prior to 4:00 p.m., prevailing time on the date on which they are to be opened.

5. The County will not be responsible for late mail deliveries and no responses to this RFQ will be accepted by the County if received after the time stipulated above.
6. An original and three copies of your response to this RFQ must be submitted for your response to be deemed complete.

SELECTION CRITERIA

The Ocean County Mental Health Board's Proposal Review Committee, consisting of the Ocean County Department of Human Services Director, Ocean County Department of Human Services Assistant Director, Mental Health Board Chairperson, and three (3) Mental Health Board Consumer Advocates, will review RFQ responses and make the appropriate recommendations to the County. The selection criteria to be used in awarding a contract for the services described herein, shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;
2. Experience in providing the services requested by the County and references related thereto;
3. Ability to perform the tasks in a timely fashion, including staffing and familiarity with the subject matter and the County;
4. Location (distance) of primary office in relation to the County administrative offices;
5. Recent, current and projected work load of the vendor;
6. Thoroughness and completeness of the applicant's submittal.

The County of Ocean shall award a contract to the vendor or vendors that best meet the needs and interests of Ocean County. The County reserves the right to negotiate the terms and conditions of a contract with the successful vendor or vendors to obtain the most cost advantageous services for the County.

Starting in January 2007, all business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

Certification of Non-Involvement in Prohibited Activities in Iran. Pursuant to N.J.S.A. 52:32-58, the proposer must certify that neither the proposer, nor one of its parents, subsidiaries, and/or affiliates (as defined in N.J.S.A. 52:32-56(e)(3)), is listed on the Department of the Treasury's List of Persons or Entities Engaging in Prohibited Investment Activities in Iran and that neither is involved in any of the investment activities set forth in N.J.S.A. 52:32-56(f). If the proposer is unable to so certify, the proposer shall provide a detailed and precise description of such activities.

Transitional Period (excluding Professional Contracts) – In the event services are terminated by contract expiration or by voluntary termination by either the Contractor or the County of Ocean, the Contractor shall continue all terms and conditions of said contract for a period not to exceed thirty (30) days at the County's request.


Indemnity Clause - The bidder, if awarded a contract, agrees to protect, defend and save harmless the County against any damage for payment for the use of any patented material process, article or device that may enter into the manufacture, construction or form a part of the work covered by either order or contract, and he further agrees to indemnify and save harmless the County from suits or actions of every nature and description brought against it, for, or on account of injuries or damages received or sustained by any party or parties by, or from any of the negligent acts of the contractor, his servants or agents.

Business Registration Certificate - A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information will be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration copy not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements are available by calling (609) 292-9292. Sample certificates on next page.

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:	 <small>Acting Director</small>	
FORM-BRC(08-01)	<small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small>	

THESE ARE SAMPLES OF THE ONLY ACCEPTABLE BUSINESS REGISTRATION CERTIFICATES.

ONE OF THESE DOCUMENTS MUST BE PROVIDED WITH THE PROPOSAL OR PRIOR TO AWARD OF THE CONTRACT, REGARDLESS OF THE FACT THAT A COPY MAY ALREADY BE ON FILE WITH THE COUNTY OF OCEAN.

 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only: 20041014112823533	

NON - COLLUSION AFFIDAVIT

STATE OF NEW JERSEY :

: ss

COUNTY OF :

I, _____ of
the City of _____ In the County of _____
and the state of _____,
of full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the
firm of _____ the
vendor making the Proposal for the above-named Project, and that I executed the
said Proposal with full authority so to do; that said vendor has not, directly or
indirectly, entered into any agreement, participated in any collusion, or otherwise
taken any action in restraint of free, competitive procurement in connection with the
above-named Project; and that all statements contained in said Proposal and in this
affidavit are true and correct, and made with full knowledge that the County of
Ocean relies upon the truth of the statements contained in said Proposal and in the
statements contained in this affidavit in awarding the contract for the said 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 _____.

_____.(N.J.S.A. 52:3415)

(Name of Contractor)

(Also type or print name of affiant under signature)

Subscribed and sworn to
before me this _____
day of _____, 20____.

Notary Public of _____

My Commission Expires _____

(REVISED 4/10)

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

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

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

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

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program 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 Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

AFFIRMATIVE ACTION QUESTIONNAIRE

NOTICE TO ALL CONTRACTORS

AFFIRMATIVE ACTION REGULATIONS N.J.S.A. 10:5-31 et seq. and P.L. 1975 C. 127 (N.J.A.C. 17:27-1 et seq.)

A. ACTIVITY OF YOUR COMPANY- Indicate below:

- ☐ Procurement and/or Service Company
☐ Professional Consultant
☐ Other _____

All Contractors, except Government Agencies, are required to comply with the above law.

B. TO ALL CONTRACTORS:

1. Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, a Contractor should present one of the following to the County of Ocean:
 - (a) An existing federally approved or sanctioned affirmative action program.
 - (b) A New Jersey Certificate of Employee Information Report Approval.
 - (c) If the Contractor cannot present "a" or "b", the Contractor is required to submit a completed Employees Information Report (Form AA302). This form will be made available to the Contractor by the County of Ocean.

C. QUESTIONS BELOW MUST BE ANSWERED BY ALL CONTRACTORS:

1. Do you have a Federally approved or sanctioned Affirmative Action Program?
Yes _____ No _____
 - (a) If yes, please submit a photocopy of such approval.
2. Do you have a State of New Jersey "Certificate of Employee Information Report" approval?
Yes _____ No _____
 - (a) If yes, please submit a photocopy of such certificate.

The undersigned Contractor certifies that he is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and P.L.1975, C. 127 (N.J.A.C. 17:27-1 et seq.) and agrees to furnish the required documentation pursuant to the law.

COMPANY: _____

SIGNATURE: _____

TITLE: _____

Note: A contract must be rejected as non-responsive if a contractor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and P.L.1975, C. 127 (N.J.A.C. 17:27-1 et seq.)

AMERICANS WITH DISABILITIES ACT

Equal Opportunity For Individuals With Disabilities

The CONTRACTOR and the COUNTY do hereby agree that the provisions of title II of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. 12101 et. seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the COUNTY pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the CONTRACTOR, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the COUNTY in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect and save harmless the COUNTY, its agents, servants and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the COUNTY'S grievance procedure, the CONTRACTOR agrees to abide by any decision of the COUNTY which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the COUNTY or if the COUNTY incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its own expense.

The COUNTY shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the COUNTY or any of its agents, servants and employees, the COUNTY shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the COUNTY or its representatives.

It is expressly agreed and understood that any approval by the COUNTY of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect and save harmless the COUNTY pursuant to this paragraph.

It is further agreed and understood that the COUNTY assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provision of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the COUNTY from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

SIGNATURE PAGE

The County of Ocean does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in its programs or activities.

The County of Ocean shall allow access to any books, documents, papers and records of the contractor, which are directly pertinent to that specific contract.

Compliance is required with all applicable standards, orders, or requirements issued under 306 of the Clean Air Act, Section 508 of the Clean Water Act, Executive Order 11738 and Environmental Protection Agency Regulations (40 CRF, Part 15) which prohibits the use under non-exempt federal contracts, grants or loans of facilities included on the EPA list of violating facilities.

"The County of Ocean considers it to be a substantial conflict of interest for any company desiring to do business with the County to be owned, operated or managed by any County employee, nor shall any County personnel be employed by the vendor in conjunction with any work to be performed for or on behalf of the County of Ocean".

I HEREBY CERTIFY COMPLIANCE WITH THE FOREGOING.

Partnership

The undersigned is a Corporation under the law of the State

Individual

of _____, having principal offices

at _____.

NAME OF COMPANY, CORPORATION OR INDIVIDUAL
- PLEASE PRINT -

SIGNED BY: _____

PRINT NAME AND OFFICIAL TITLE

ADDRESS: _____

INCLUDE ZIP CODE

TELEPHONE: _____

E-MAIL ADDRESS _____

FEDERAL IDENTIFICATION NO. _____

STATEMENT OF OWNERSHIP

STATEMENT SETTING FORTH THE NAMES AND ADDRESSES OF STOCKHOLDERS OR PARTNERS
OWNING MORE THAN 10% OF _____

(NAME OF ORGANIZATION)

IN COMPLIANCE WITH CHAPTER 33 OF THE LAWS OF 1977.

The following constitute the names and addresses of all stockholders in the corporation if the corporation is submitting a proposal, or partners if the proposer is a partnership who own 10% or more of the corporate stock of the proposer of any class or of all individual partners in the partnership who own 10% or greater interest therein.

In the event no stockholder or partner owns 10% or greater, please so indicate at the appropriate space on this form.

If one or more such stockholder or partner is itself a corporation or is a partnership, the stockholders holding 10% or more of that corporation's stock or the individual partners owning 10% or greater interest in that partnership are as follows:

NAME _____	ADDRESS _____	PERCENTAGE OF OWNERSHIP
NAME _____	ADDRESS _____	_____
NAME _____	ADDRESS _____	_____
NAME _____	ADDRESS _____	_____
NAME _____	ADDRESS _____	_____
NAME _____	ADDRESS _____	_____

IF NO STOCKHOLDER OR PARTNER OWNS 10% OR MORE OF THE CORPORATE STOCK OR
OWNERSHIP OF THE PROPOSER, CHECK HERE _____

I certify that the foregoing information is correct.

Signature of Secretary or Partner

Print Name and Title

of _____

Corporation or Partnership

THIS FORM MUST BE COMPLETED AND SIGNED

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

PROPOSERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's webs at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Proposers **must** review this list prior to completing the below certification. **Failure to complete the certification will render the proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK THE APPROPRIATE BOX:

☐ I certify, pursuant to Public Law 2012, c. 25, that neither the proposer listed below nor any of the proposer's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed below, or I am an officer or representative of the entity listed below and am authorized to make this certification on its behalf. **I will skip Part 2 and sign and complete the Certification below.**

OR

☐ I am unable to certify as above because the proposer and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. **I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the certification below.** Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, PLEASE ADD AN ADDITIONAL SHEET(S) OF PAPER.

Name _____	Relationship to Proposer _____
Description of Activities _____	

Duration of Engagement _____	Anticipated Cessation Date _____
Proposer Contact Name _____	Contact Phone Number _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the County of Ocean is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County to notify the County in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the County of Ocean and that the County at its option may declare any contract(s) resulting from this certification void and unenforceable.

Name of Proposer: _____

Full Name (Print): _____ Signature: _____

Title: _____ Date: _____

RFQ DOCUMENT CHECKLIST

RFQ Title: MENTAL HEALTH SERVICES (NORTHERN OCEAN COUNTY)

Required
With
Proposal
↓

Item Submitted
(Proposer's
Initials)
↓

**A. FAILURE TO SUBMIT ANY OF THESE DOCUMENTS IS
MANDATORY CAUSE FOR REJECTION OF PROPOSAL.**

<u>X</u>	Statement of Ownership (Chapter 33 of the Laws of 1977)	_____
<u>X</u>	Disclosure of Investment Activities in Iran	_____
<u>X</u>	Acknowledgment of Receipt of Addenda or Revisions (if issued)	_____
<u>X</u>	Cost Proposal/Schedule	_____

**B. FAILURE TO SUBMIT ANY OF THESE DOCUMENTS
MAY BE CAUSE FOR REJECTION OF PROPOSAL.**

<u>X</u>	Non-Collusion Affidavit	_____
<u>X</u>	Affirmative Action Questionnaire	_____
<u>X</u>	Signature Page	_____
<u>X</u>	Copy of Proposer's New Jersey Business Registration Certificate	_____
<u>X</u>	References	_____
<u>X</u>	Copy of NJ Certificate of Employee Information Report Approval or AA-302 Initial Employee Information Report	_____
<u>X</u>	Professional licenses/certifications held by individuals to provide services	_____

**C. THE UNDERSIGNED PROPOSER HEREWITH SUBMITS
THE ABOVE REQUIRED DOCUMENTS.**

PRINT NAME OF PROPOSER: _____

SIGNED BY: _____

PRINT NAME AND TITLE: _____

DATE: _____

**THIS CHECKLIST SHOULD BE INITIALED AND SIGNED WHERE
INDICATED AND RETURNED WITH ALL DOCUMENTS.**

ADDENDUM ACKNOWLEDGEMENT

COUNTY OF OCEAN

ADDENDUM NO: _____

ADDENDUM NO: _____

ADDENDUM NO: _____

ACKNOWLEDGMENT

**PROJECT
ENTITLED:** _____

Acknowledgment is hereby made of the receipt of Addendum No. _____
containing information for the above referenced project.

PROPOSER: _____

BY: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

NOTE:

**WHEN AN ADDENDUM IS ISSUED, THIS ACKNOWLEDGMENT MUST BE
ENCLOSED WITH THE PROPOSAL RESPONSE. FAILURE TO DO SO WILL
RESULT IN PROPOSAL REJECTION.**