



ANNUAL RFP COMPLETENESS PACKAGE Cover Sheet

Effective November 1, 2020 – October 31, 2021

DATE: _____

AGENCY: _____

ADDRESS: _____

PRESIDENT/CEO/EXECUTIVE DIRECTOR: _____

PRESIDENT/CEO/EXECUTIVE DIRECTOR E-MAIL: _____

The following checklist items are required and must be returned with your Annual RFP Completeness Package.

NOTE: These materials MUST either be submitted annually, or attached with your proposal. If not on file, or submitted with your proposal, the proposal WILL NOT BE REVIEWED.

- _____ Original plus one copy of most recent Annual Audit
(Audit cannot date back any further than 2 prior years.)
- _____ Documentation of incorporation and/or IRS 501(C) (3) Status
- _____ Affirmative Action Questionnaire
- _____ Debarment Certification Form
- _____ Agreement to Indemnification
- _____ Current Board Member Roster
- _____ Current Agency Consolidated Budget
- _____ \$250 ACP Review Payment to C P A C

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

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Camden County
Board of Freeholders



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



ATTACHMENT

Effective November 1, 2020 – October 31, 2021

AFFIRMATIVE ACTION QUESTIONNAIRE

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

1. Our Company/Agency has a Federal Affirmative Action Plan Approval.
(Please note attachment needed.)

YES _____ **(submit a copy of approval)**

NO _____ **(submit copy of the NJ Certificate of Employee Information Report)**

NONE OF THE ABOVE _____ (See #2)

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

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

AGENCY: _____

PRESIDENT/CEO/EXECUTIVE DIRECTOR (PLEASE PRINT): _____

SIGNATURE: _____

DATE: _____





ATTACHMENT

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

I am _____ of the firm of _____
(Your title) (Organization)

(Address of your organization)

CHOOSE ONE OF THE FOLLOWING

(_____) A. I hereby certify on behalf of _____ that neither it
(Organization)
nor its principles are debarred, suspended, proposed for debarment, declared
ineligible, or voluntarily excluded from participation in this transaction by any federal
department or agency.

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

AGENCY: _____

PRESIDENT/CEO/EXECUTIVE DIRECTOR: _____

SIGNATURE: _____

DATE: _____



Camden County
Board of Freeholders



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AGREEMENT TO INDEMNIFICATION

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

AGENCY: _____

PRESIDENT/CEO/EXECUTIVE DIRECTOR: _____

SIGNATURE: _____

DATE: _____