NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

The Division of Family and Community Partnerships (FCP) and the Office of Housing (OOH)

2026 RFP – My First Place – Transitional Living Program

VIRTUAL CONFERENCE

July 21, 2026

Agenda & Objectives

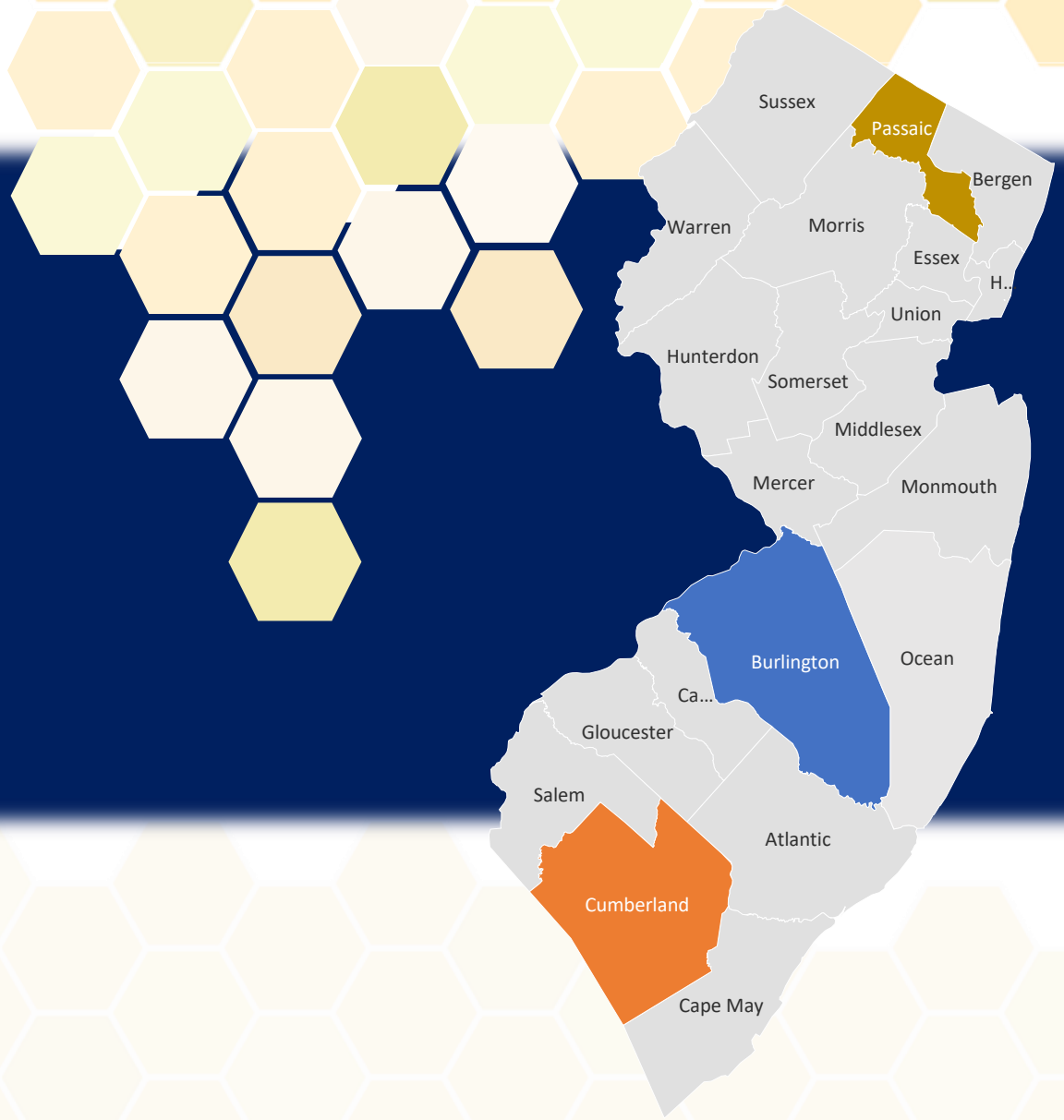
- Welcome & Introductions
- RFP Timeframes
- DCF's Youth Housing Continuum
- My First Place Overview
- Staffing & Training
- Programmatic Requirements
- RFP Requirements
- Organizing the RFP Application
- Technical Assistance (TA)
- Q & A

RFP Timeframes

Date	Event
Tuesday, July 7th	**RFP Published**
Tuesday, July 21st at 10:00AM	**Virtual Conference**
Friday, July 24th	**Program Related Questions Due**
Wednesday, August 19th	**Authorized Organization Representative (AOR) Form Due**
Wednesday, August 26th at 12:00PM *(SHARP)*	**Response Deadline**

* DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

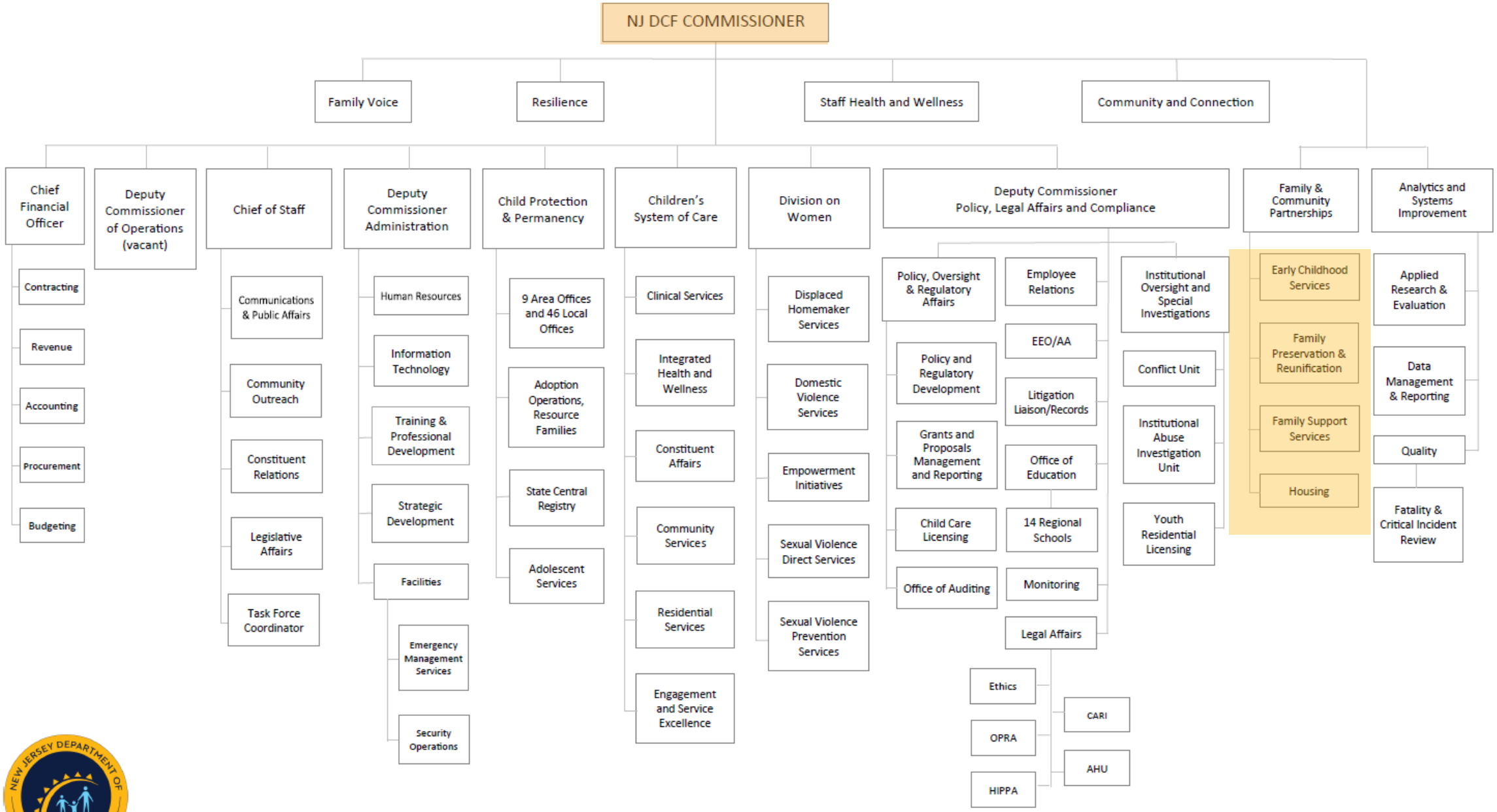
The RFP Initiative



2026 RFP

My First Place – Transitional Living Program

REGIONS
Burlington County
Cumberland County
Passaic County



February 2026

Family & Community Partnerships Programs and Offices

Office of Early Childhood Services

- Evidence-Based Home Visiting (NFP, PAT, and HFA)
- Adolescent Pregnancy Prevention Intervention (APPI)
- Parent Linking Program (PLP)
- County Councils for Young Children (CCYC)
- Connecting NJ
- Universal Home Visiting (UHV) /Family Connects NJ

Office of Family Support Services

- NJ Family Success Center Network (FSC)
- Kinship Navigator Program (KNP)
- School Linked Services (SLS)
- NJ Student Support Services (NJ4S)
- Outreach to At-Risk Youth (OTARY)
- NJ Child Assault Prevention (NJCAP)

Office of Housing

- Youth Supportive Housing
- Transitional Living Programs (TLP, STLP and MFP)
- Street Outreach
- Adolescent Housing Hub
- Keeping Families Together (KFT)

Office of Family Preservation & Reunification

- Peer-2-Peer (P2P)/ EnlightenMENT
- Exchange Parent Aide (EPA)
- Pathways to Academic and Career Exploration to Success (PACES)
- Supportive Visitation Services (SVS) and other Visitation Services
- Family Preservation Services (FPS)

DCF Office of Housing (OOH)

- **Established in July 2021**
- Sits within DCF's Division of Family and Community Partnerships (FCP)
- Coordinates DCF's response to constituent housing needs
- Primary Focus
  - **Program Implementation**
  - **Systems Advocacy/Integration**
  - **Capacity Building**

DCF's Youth Housing Continuum

HOUSING TYPE	UNHOUSED	TEMPORARY/UNSTABLE	EMERGENCY SHELTER	TRANSITIONAL HOUSING	SUPPORTIVE HOUSING	AFFORDABLE RENTAL	AFFORDABLE OWNERSHIP	MARKET RENTAL HOUSING	MARKET HOME OWNERSHIP
	Not available through the DCF Office of Housing. Connection to resources are facilitated with 211, BOSS and other emergency service partners.			**DCF/OOH Youth Housing Interventions**		Not available through the DCF Office of Housing. Connection to resources are facilitated with DCA, Public Housing Authorities (PHA), the local Continuum of Care (CoC) other non-DCF housing partners.			
AGE				**18-26**					
STRATEGIES and CAPACITY				My First Place TLP/STLP **FYI** **CTH** • FUP • EPY • PSH					

Total Number of Slots Across Programs = Approx. 500

For additional information regarding DCF/OOH Housing Interventions please contact: DCF.OfficeofHousing@dcf.nj.gov

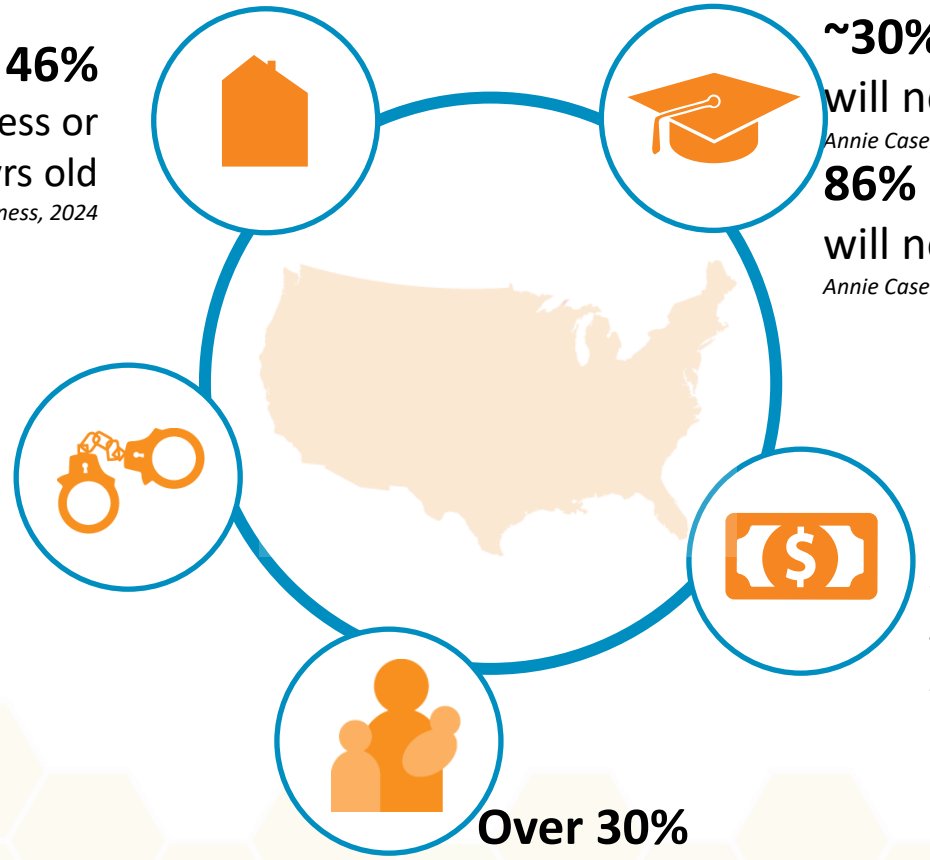
Transitional Housing Interventions (250 slots)

Supportive Housing Interventions (250 slots)

Bold (FYI/CTH) = Vouchers

Let's talk about the need:
Nearly *20,000 young adults* transition out of foster care in the U.S., annually.

46%
will experience homelessness or housing instability by 26yrs old
United States Interagency Council on Homelessness, 2024



~30%
will not obtain a high school diploma
Annie Casey Foundation, 2025

86%
will not graduate from college
Annie Casey Foundation, 2025

39%
were involved with the criminal justice system by age 17
California Youth Transitions to Adulthood Study, 2014

~69%
will be unemployed one year after leaving foster care
National Youth in Transition Database, 2023

Over 30%
will become parents before age 21
National Youth in Transition Database, 2016

MY FIRST PLACE OVERVIEW

My First Place (MFP) ™ is a nationally recognized evidence-supported **educational and employment program model**, offering housing and case management services to young adults with child welfare placement history and housing instability.

The MFP™ goals are to:

- Prevent youth homelessness and increase housing stability.
- Increase educational attainment.
- Improve youth's economic security.
- Develop youth's healthy living skills.

My First Place™

Housing, Case Management, Education, Employment and Healthy Living

Safe, Stable Housing

Scattered-site apartments are conveniently located with access to public transportation, community colleges and work opportunities. Typically, sites master lease 1 or 2 bedroom apartments.

Intensive Case Management (1:15 ratio, weekly meetings)

Youth Advocates (case managers) support young people in setting goals to develop self-esteem, remove barriers to education and employment, and move them toward greater independence

Education and Employment (1:30 ratio, 2 meetings / month)

Education and Employment Specialists / Career Coaches give youth the tools to finish high school, enroll in post-secondary education, and secure sustainable living-wage employment.

Healthy Living Skills

Youth Advocates help youth balance physical, mental, and emotional health, covering everything from financial literacy to personal well-being to parenting skills. Workshops and referrals to other community providers supplement our 1:1 resources..

MFP™ Staffing and Training

Staffing Model

- **Youth Advocate (YA):** Responsible for supporting the youth in developing and implementing an individualized, strength based, culturally responsive, youth-centered action plans. *Meets the youth at least once per week.* ***Each YA serves up to fifteen (15) youth.***
- **Education and Employment Specialist (EE)/Career Coach:** Responsible for supporting the youth in identifying, setting, and achieving education and employment goals. *Meets the youth at least once per week.* ***Each EE serves up to 30 youth.***
- **Housing Specialist (HS):** Responsible for coordinating maintenance, inspections, securing units, provide household management education, develops and maintains landlord partnerships in the community.
- **Program Manager (PM)/Director:** Responsible for daily operations of the program, developing partnerships with key community groups and ensuring the provision of high-quality services to the youth being served.

Training and Coaching

- Interactive online modules
- Supervisory Orientation
- Field shadowing days
- Review sessions
- Reflection sessions
- Additional trainings, *as needed to strengthen competency.*

MFP™ Long Term Outcomes and Deliverables

Long Term Outcomes

- Increase social connections.
- Improve long term economic security and employment stability.
- Increase youth's confidence and sense of agency.
- Prevent long term homelessness and housing instability.

Deliverables

- At least 80% of youth exit to stable housing.
- At least 50% of youth obtain a high school diploma or GED.
- At least 50% of youth enroll in post-secondary education.
- At least 60% of youth make progress in secondary or post-secondary education.
- At least 50% of youth maintain employment for a minimum of 90 days.
- At least 80% of youth avoids arrest during the intervention.

MFP™ Additional Considerations

- The awardee shall serve as the master-lessor of the units/apartments.
- Unit size should not exceed a two-bedroom unit.
- Two youth may reside in one unit.
- Youth must have their own bedroom.
- Parenting youth should have their own unit, *not to exceed a two bedroom.*

Request For Proposals (RFP)

2026 RFP

My First Place – Transitional Living Program

RFP Proposal Submission

Registration for the Authorized Organization Representative (AOR)
To Submit a Grant Application Electronically

Organization Name: Example, Inc.

Type of Organization: ■ **Non-Profit;** ☐ **For-Profit;** ☐ **University;** ☐ **LLC**

Organization Mailing Address: 123 Main Street, Cherry Hill, NJ 08002

Organization Email Address: main@exampleinc.org

Organization Phone Number: (856) 555-5555

AOR Contact Name: John Smith

AOR Contact Phone Number: (856) 555-5555

AOR Contact Email Address: john@exampleinc.org

I hereby designate the **above-named organization, AOR Contact, and valid email address** to be authorized to submit a Request for Proposal (RFP) / Request for Qualifications (RFQ) application in response to a competitive procurement advertised by the Department of Children and Families called:

RFP/RFQ: ENTER RFP/RFQ NAME HERE

County/Region/Location to be served (if applicable): ENTER HERE

Note: You need to register for each RFP/RFQ to be provided access. You may keep the name and password the same. This information will be retained.

Signature of Organization Authority (CEO/President)

Print Name and Exact Title. This signature indicates the authority to permit the submission of the RFP/RFQ electronically. Permission and access information will be provided by email to the AOR Contact email address provided above.

Print Name/Title: John Smith **Date:** 5/5/2025

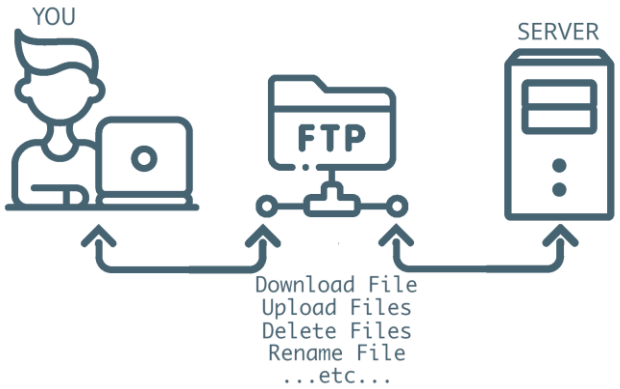
Signature: SIGN HERE

CEO Email Address: john@exampleinc.org

Pre-Submission Instructions: AOR

- Submit a completed AOR form to DCF.ASKRFP@dcf.nj.gov at least 5 business days before the response deadline.
- Ensure the **form is filled out completely and signed**.
- Please enter the name of the RFP on the line RFP/RFQ. **2026 RFP – My First Place – Transitional Living Program**
- Please enter the **County** that you plan on serving on the line labeled County/Region/Location. (Select one (1) county)
  - *Burlington County*
  - *Cumberland County*
  - *Passaic County*
- **Note**: The contact name/email address on this form will be the only point person we correspond with and the one with access to the FTP site for submitting the response.

Uploading Proposals on the FTP Site



- **The identified respondent contact will be provided with instructions on how to access the FTP Site.**
- **Files may be uploaded and/or updated, if needed, up to the RFP proposal deadline.**
  - Start uploading your proposal submission EARLY, to ensure sufficient time and a successful transmission of all required documentation.
- **If you encounter any difficulties or require assistance, please submit questions to DCF.ASKRFP@dcf.nj.gov**

Request For Proposals (RFP)

2026 RFP

My First Place – Transitional Living Program

RFP Requirements

Organizing & Submitting Your Application

- **The application must be organized and submitted as four (4) separate PDFs.**

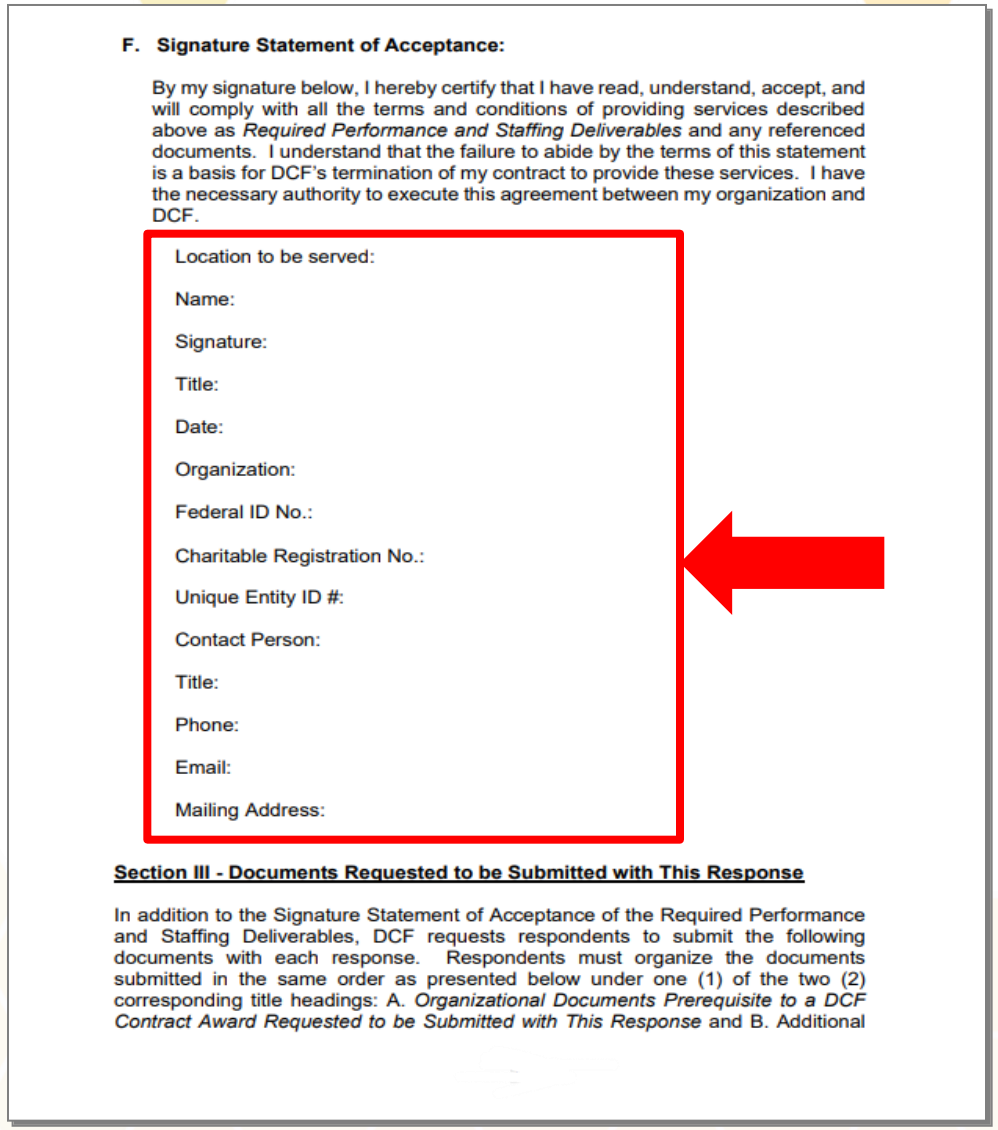
PDF 1	**Section II – Required Performance and Staffing Deliverables**	
	Submit a signed *Statements of Acceptance*. Your PDF 1 must include a PDF of the entire Section II content, along with the final, signed and completed page.	Pages 7-21
PDF 2	**Section III A – Documents Requested to be Submitted with This Response**	
	Twenty-five (25) numbered organizational documents. If any are N/A for your organization, please explicitly say so.	Pages 22-25
PDF 3	**Section III B – Additional Documents Requested to be Submitted with This Response**	
	Six (6) additional program-related documents. If any are N/A for your organization, please explicitly say so.	Pages 25-26
PDF 4	**Section IV – Respondent Narrative Responses**	
	A narrative response must be completed, answering ALL questions posed within Section IV. Responses should mirror the RFP format by section and sequence of questions included.	Pages 26-30

Organizing Your Application

PDF 1:

Section II – Required Performance and Staffing Deliverables

Organizing Your Application - PDF 1



F. Signature Statement of Acceptance:

By my signature below, I hereby certify that I have read, understand, accept, and will comply with all the terms and conditions of providing services described above as *Required Performance and Staffing Deliverables* and any referenced documents. I understand that the failure to abide by the terms of this statement is a basis for DCF's termination of my contract to provide these services. I have the necessary authority to execute this agreement between my organization and DCF.

Location to be served:

Name:

Signature:

Title:

Date:

Organization:

Federal ID No.:

Charitable Registration No.:

Unique Entity ID #:

Contact Person:

Title:

Phone:

Email:

Mailing Address:

Section III - Documents Requested to be Submitted with This Response

In addition to the Signature Statement of Acceptance of the Required Performance and Staffing Deliverables, DCF requests respondents to submit the following documents with each response. Respondents must organize the documents submitted in the same order as presented below under one (1) of the two (2) corresponding title headings: A. *Organizational Documents Prerequisite to a DCF Contract Award Requested to be Submitted with This Response* and B. Additional

PDF 1: Section II – Required Performance and Staffing Deliverables

Complete and sign **Signature Statement of Acceptance** (fill in fields and sign on page 28)

Submit a **complete PDF of the entire content of Section II, pages 7-21, ending with your signed statements of acceptance for each section,** as a single PDF document.

This will be the first PDF submission in your response packet and is to be labeled as: PDF 1: Section II - Required Performance and Staffing Deliverables.

Your signature certifies that you have read, understood, accepted and, if awarded a contract, will comply with all the deliverables, terms and conditions included in the RFP.

How to fill in and sign PDF 1

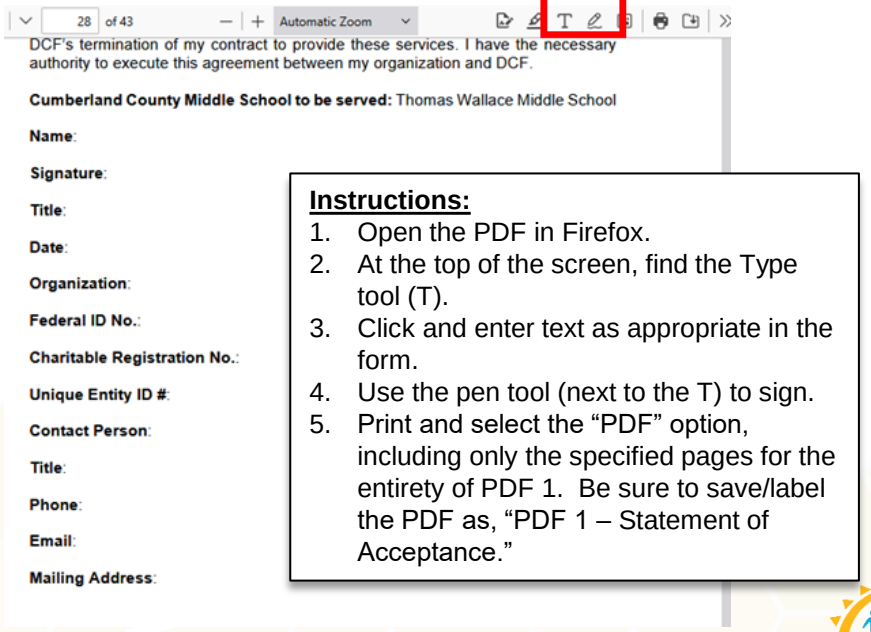
Technical Support Tip

Options for fill in/sign and save PDF #1, include:

A. Print, fill out, and scan pages 7-21 into a PDF file, or
B. Use software such as Adobe Acrobat Reader (free), or
C. Use web browsers such as Edge and Firefox

Note: Copy-pasted text will **not** be accepted.

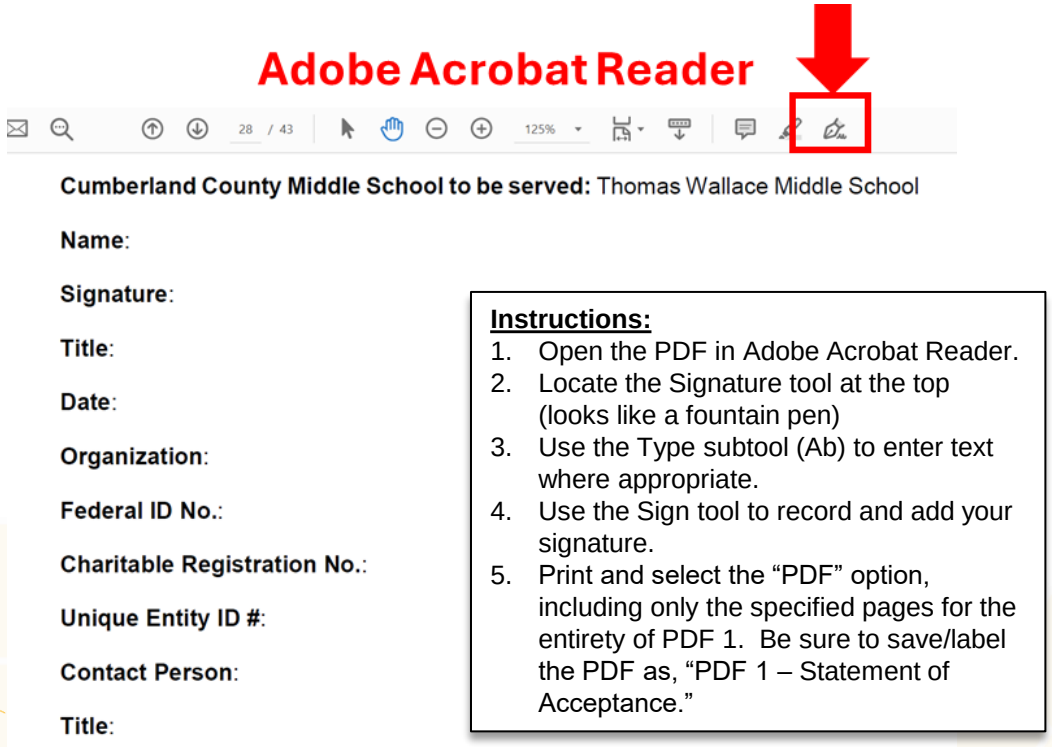
Firefox



Instructions:

1. Open the PDF in Firefox.
2. At the top of the screen, find the Type tool (T).
3. Click and enter text as appropriate in the form.
4. Use the pen tool (next to the T) to sign.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Adobe Acrobat Reader



Instructions:

1. Open the PDF in Adobe Acrobat Reader.
2. Locate the Signature tool at the top (looks like a fountain pen)
3. Use the Type subtool (Ab) to enter text where appropriate.
4. Use the Sign tool to record and add your signature.
5. Print and select the "PDF" option, including only the specified pages for the entirety of PDF 1. Be sure to save/label the PDF as, "PDF 1 – Statement of Acceptance."

Organizing Your Application

PDF 2:

Section III A – Documents Requested to be Submitted with This Response

Organizing Your Application – PDF 2 Documents

- **PDF 2: Section III A – Documents Requested to be Submitted with This Response**
  There are **twenty-five (25) organizational documents** that should be combined into **PDF 2**:

  Section III A documents include:

  1. Description of Accounting System
  2. Employee Information Report (Affirmative Action Certificate)
  3. Internal Governance:
     - Agency By-Laws – or –
     - Management Operating Agreement
  4. Statement of Assurances
  5. Governing Body:
     - Board of Directors – or –
     - Managing Partners (LLC) – or –
     - Board of Trustees
  6. NJ Business Registration Certificate (for Profit/LLC) or Non-profit (N/A)
  7. Business Associate Agreement—HIPAA *
  8. Organization's Conflict of Interest Policy (not the DCF policy)

Q&A

Question: What if the document does not apply to my organization?

Answer: If a request does not apply, you are required to submit a ***Statement of Non-Applicability*** on your agency letterhead.

* = Signature required.

Organizing Your Application - PDF 2 Documents *Continued*

PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) documents** that should be combined into **PDF 2:**

9. Compliance and Quality Assurance
   - Corrective Action Plan(s)/Review(s) and/or Performance Improvement Plan(s) (PIP) – or –
   - N/A Signed Statement of Non-Applicability
10. Certification Regarding Debarment *
11. Disclosure of Investigations and Other Actions *
12. Disclosure of Investments in Iran *
13. Ownership Disclosure Form
14. Disclosure of Prohibited Activities in Russia and Belarus *
15. Source Disclosure Form *
16. System for Award Management (SAM)
17. Business Entity Filing
    - Certificate of Incorporation – or –
    - LLC Formation
18. Notice of Standard Contract Requirements, Processes, and Policies *

Required Signature

Requested documents with an "*" require the organization's leadership signature.

* = Signature required.

Organizing Your Application - PDF 2 Documents *Continued*

PDF 2: Section III A – Documents Requested to be Submitted with This Response

There are **twenty-five (25) documents** that should be combined into **PDF 2:**

19. Organizational Chart
20. Chapter 271/Vendor – Certification and Political Contribution Disclosure Form *
21. Prevent Child Abuse New Jersey Safe-Child standards
22. Contractual Agreement - Submit one (1)
    - Standard Language Document * – or –
    - Individual Provider Agreement – or –
    - Department Agreement
23. Tax Exempt Organization Certificate / IRS Determination Letter (Non-Profit Only) – or – For Profit/LLC (N/A)
24. Tax Forms:
    - Non-Profit: Form 990 Return of Organization Exempt from Income Tax – or –
    - For Profit: Form 1120 US Corporation Income Tax Return – or –
    - LLCs: Form 1040 Form 1040 (Schedule C, E, F) and may delete/redact any SSN or personal identifying information
25. Trauma Informed Practices

Guidelines & Resources

Follow all RFP guidelines and review available DCF standards and practices.

* = Signature required.

Helpful Links for Documents #21 and #25

Prevent Child Abuse New Jersey's (PCA-NJ) Safe-Child Standards

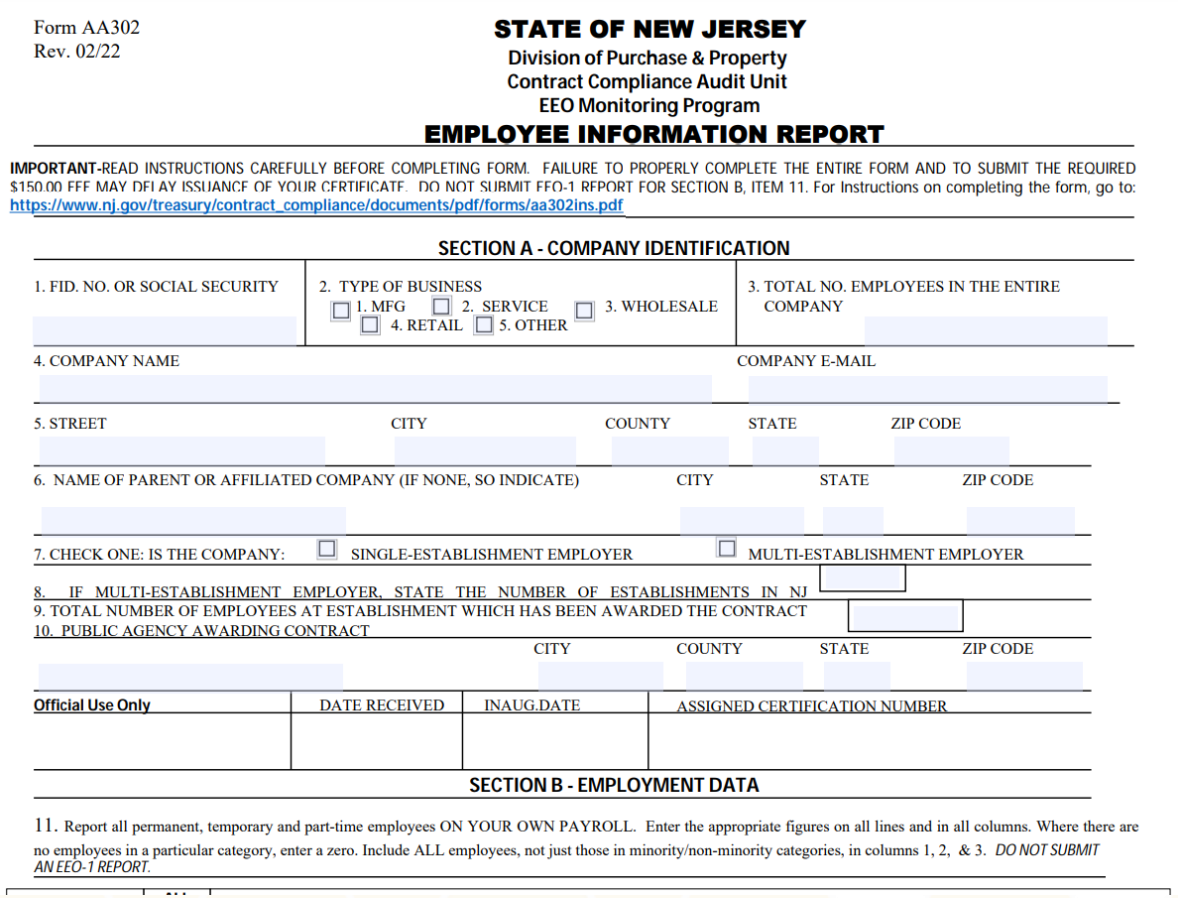
"Sexual Abuse Safe-Child Standards"

Trauma Informed Practices

DCF | Trauma Informed Practices

Common Questions & Errors

PDF 2 – Document #2



Form AA302
Rev. 02/22

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED $150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY
2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER
3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME
COMPANY E-MAIL
5. STREET CITY COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT
10. PUBLIC AGENCY AWARDING CONTRACT
CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

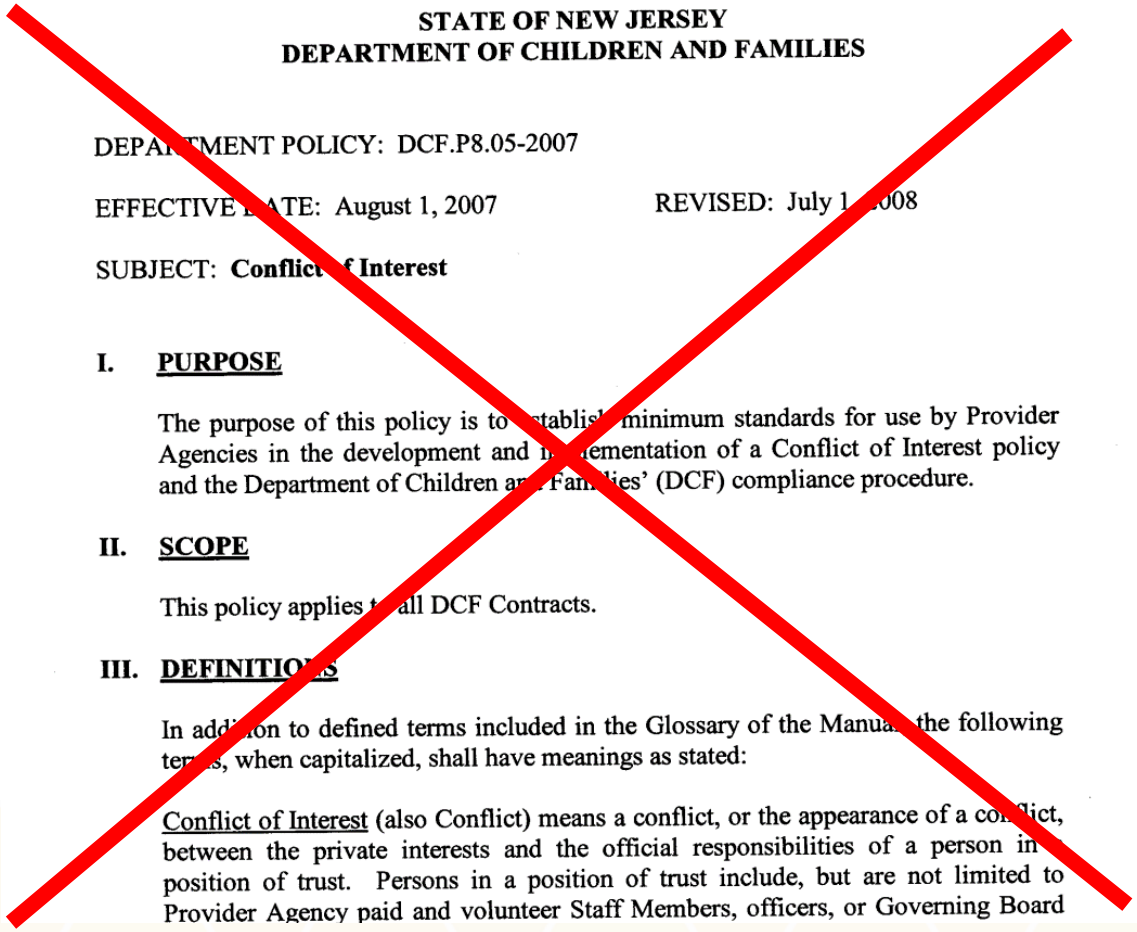
11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT AN EEO-1 REPORT.*

2. Affirmative Action Certificate (Employee Information Report)

- If you are a startup, you may submit a completed AA302 form (left) and a receipt of payment from Treasury ($150.00).
- Otherwise, you must submit your active Affirmative Action Certificate.

Common Questions & Errors

PDF 2 – Document #8



STATE OF NEW JERSEY
DEPARTMENT OF CHILDREN AND FAMILIES

DEPARTMENT POLICY: DCF.P8.05-2007

EFFECTIVE DATE: August 1, 2007 REVISED: July 1, 2008

SUBJECT: **Conflict of Interest**

I. **PURPOSE**

The purpose of this policy is to establish minimum standards for use by Provider Agencies in the development and implementation of a Conflict of Interest policy and the Department of Children and Families' (DCF) compliance procedure.

II. **SCOPE**

This policy applies to all DCF Contracts.

III. **DEFINITIONS**

In addition to defined terms included in the Glossary of the Manual, the following terms, when capitalized, shall have meanings as stated:

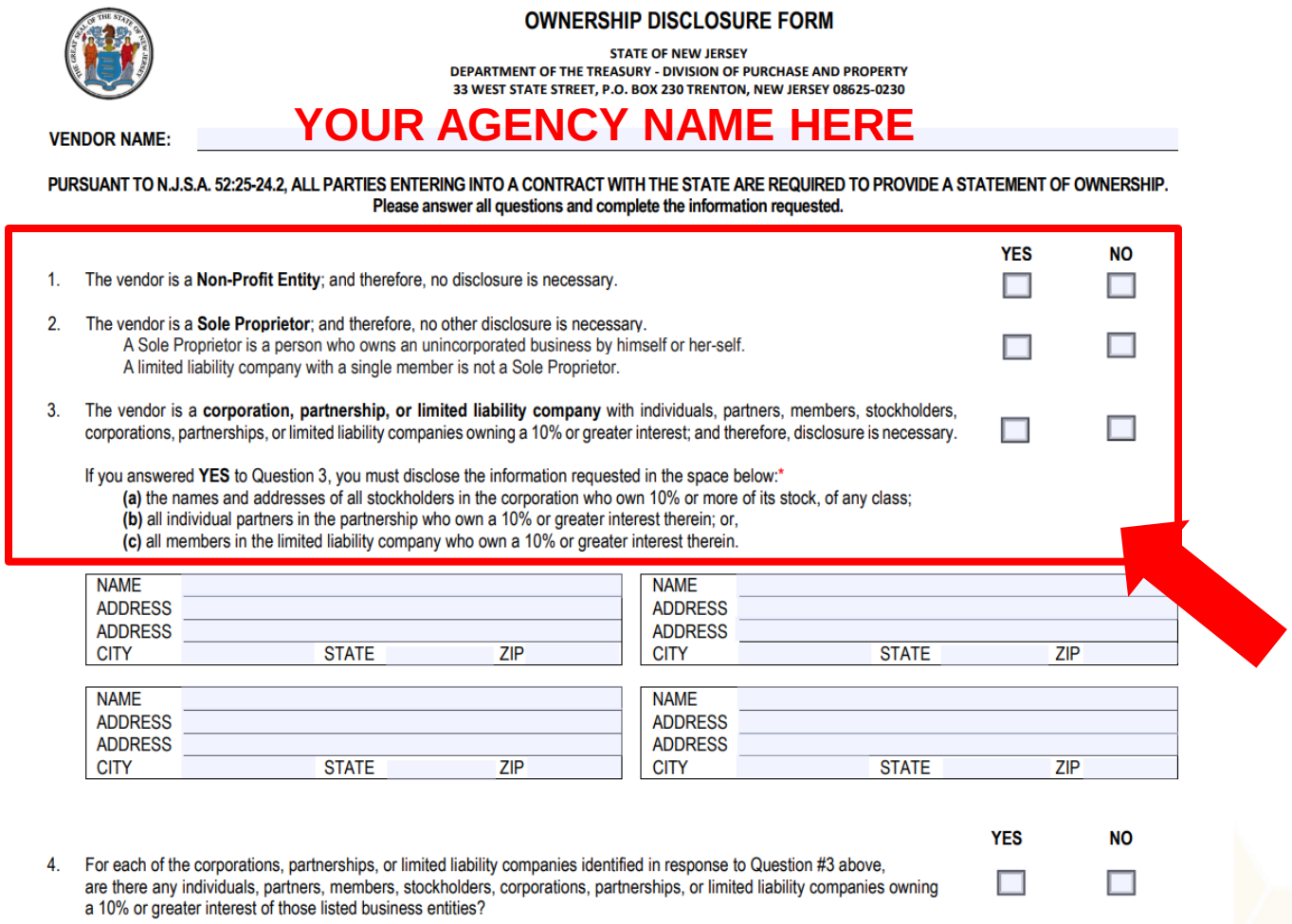
Conflict of Interest (also Conflict) means a conflict, or the appearance of a conflict, between the private interests and the official responsibilities of a person in a position of trust. Persons in a position of trust include, but are not limited to Provider Agency paid and volunteer Staff Members, officers, or Governing Board

8. Your Organization's Conflict of Interest Policy

- **Do not submit the DCF Conflict of Interest Policy.**

Common Questions & Errors

PDF 2 – Document #13



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME: YOUR AGENCY NAME HERE

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.
Please answer all questions and complete the information requested.

	YES	NO
1. The vendor is a **Non-Profit Entity**; and therefore, no disclosure is necessary.	☐	☐
2. The vendor is a **Sole Proprietor**; and therefore, no other disclosure is necessary. A Sole Proprietor is a person who owns an unincorporated business by himself or her-self. A limited liability company with a single member is not a Sole Proprietor.	☐	☐
3. The vendor is a **corporation, partnership, or limited liability company** with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary.	☐	☐

If you answered **YES** to Question 3, you must disclose the information requested in the space below:*
(a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
(b) all individual partners in the partnership who own a 10% or greater interest therein; or,
(c) all members in the limited liability company who own a 10% or greater interest therein.

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

NAME			
ADDRESS			
ADDRESS			
CITY	STATE	ZIP	

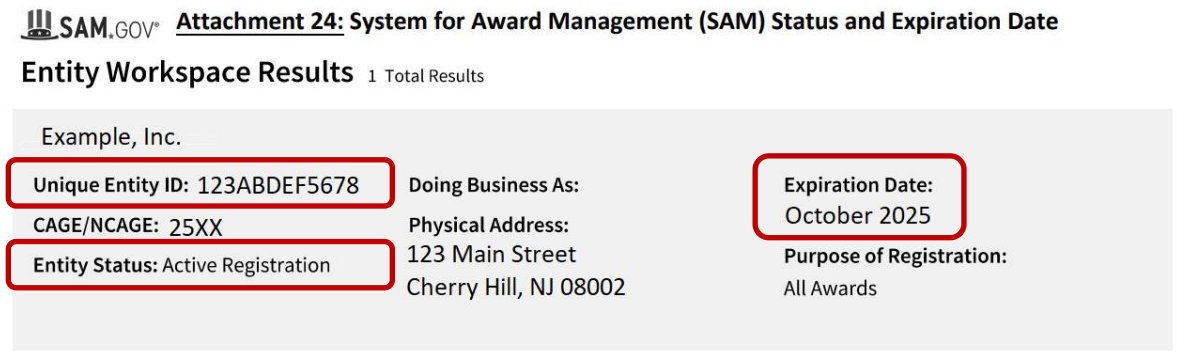
	YES	NO
4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities?	☐	☐

13. Ownership Disclosure Form

- **You must submit this with your response, or it will not be considered.**
- **Read and complete each section carefully.**

Common Questions & Errors

PDF 2 – Document #16



SAM.GOV **Attachment 24: System for Award Management (SAM) Status and Expiration Date**

Entity Workspace Results 1 Total Results

Example, Inc.

Unique Entity ID: 123ABDEF5678

CAGE/NCAGE: 25XX

Entity Status: Active Registration

Doing Business As:

Physical Address:
123 Main Street
Cherry Hill, NJ 08002

Expiration Date:
October 2025

Purpose of Registration:
All Awards

16. System of Award Management (SAM)

- **Submit a printout showing your Unique Entity ID Number (UEID), Active Status, and Expiration Date.**
- **This is a two-step process:**

1. **Apply for a UEID number at sam.gov – this is *FREE*. Once you have the UEID number;**
2. **Register your UEID number, also at sam.gov. This process may take about two weeks.**

Common Questions & Errors

PDF 2 – Document #22

22. Please submit only one (1) of the following:

- Standard Language Document (most common)

  - OR -

- Individual Provider Agreement

  - OR -

- Department Agreement (if you are a state agency)

Organizing Your Application

PDF 3:

Section III B – Additional Documents Requested to Submitted with This Response

Organizing Your Application - PDF 3 Documents

PDF 3: Section III B – Documents Requested to be Submitted with This Response

- **Subsection B. Additional Program Related Documents**
  There are **six (6) documents** that should be combined into **PDF 3**:

1. Two (2) Proposed Budget Forms
2. Two (2) Budget Narratives
3. Implementation Plan *(should detail timeline for implementing the proposed services)*
4. Total (2) Letters of Commitment
   - Must demonstrating assurance from housing partners to lease units to the provider and reflect housing partnerships that support scattered site housing throughout the community.
   - individuals providing the letters must include their contact information.
5. Proposed Respondent Organizational Chart *(specifically reflecting the proposed MFP initiative)*
6. Other Proposed Subcontracts/Consultant Agreements/Memorandum of Understanding

Organizing Your Application - PDF 3 Budget

FUNDING INFORMATION

- Review and follow the instructions tab on the proposed budget form.
- Submit two (2) proposed budgets for the initial 18-month contract term. The initial term includes two fiscal years.

FY 2027 Six (6) Months

One proposed budget for FY27 consisting of the initial six (6) months, beginning January 1, 2027 – June 30, 2027

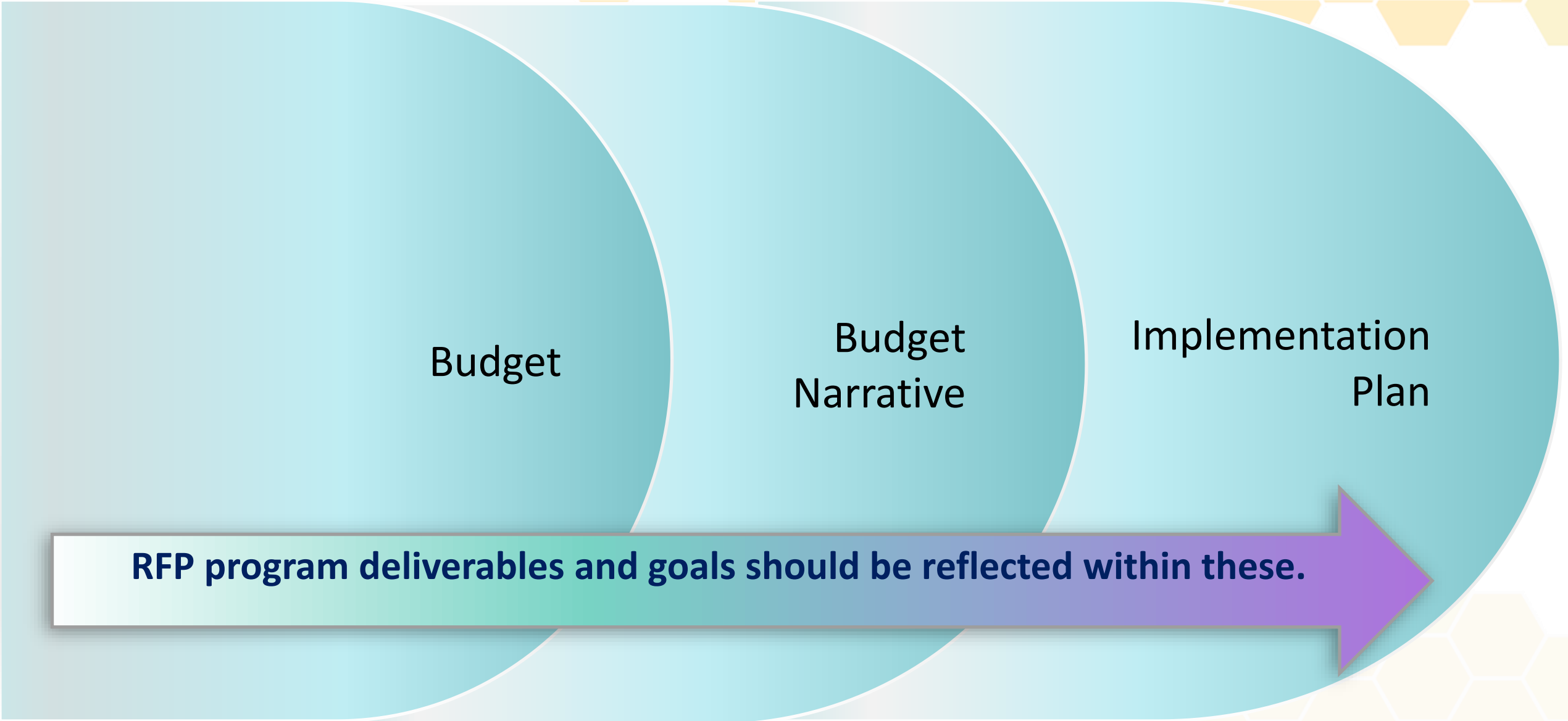
County	Level of Service	One-time start-up costs	Anticipated Operating Costs	FY26 6-month total
Burlington	20	$88,000	$500,000	$588,000
Cumberland	10	$45,000	$250,000	$295,000
Passaic	15	$65,000	$377,694	$442,694
TOTALS	45	$198,000	$1,127,694	$1,325,694

FY 2028 Twelve (12) Months

One proposed budget for FY28 consisting of twelve (12) months, beginning July 1, 2027 – June 30, 2028

County	Level of Service	Anticipated Operating Costs
Burlington	20	$1,000.000
Cumberland	10	$500,000
Passaic	15	$755,388
TOTAL	45	$2,255,388

Important Reminder!



Common Questions & Errors

PDF 3 – Sample Budget

BUDGETS SAMPLE

Two (2) proposed budgets are required with this RFP for the initial 15-month contract term. The initial term includes two fiscal years.

FY 2026 Three (3) Months	One proposed budget for the initial three (3) months beginning April 1, 2026 – June 30, 2026 ▪ up to $77,900 for operating expenses, and ▪ up to $95,000 for start-up expenses (Within total award limit) ▪ NOTE: Start up funds MUST be expended in FY 2026, before June 30, 2026. Total: $172,900
FY 2027 Twelve (12) Months	One proposed budget for the twelve (12) months beginning July 1, 2026 – June 30, 2027 ▪ up to $311,300 for operating expenses. ▪ No Start Up expenses included. Total: $311,300

<u>Common errors include:</u>

- Not completing the budget form correctly and/or not submitting all requested budgets
- Incorporating ***Matching Funds/In-Kind Revenue amounts*** within the ***Total DCF Funding Request*** amount
- Not including or specifying the Start-up Funds available.

PROPOSED BUDGET FORM FOR NJDCF – FY2026			**Name of Applicant:** *Prospective Provider Name*	
PROPOSED BUDGET CATEGORIES	**Operational Funding Request (excluding start-up)**	**Non-DCF Cash or In-Kind Revenue Amounts***	**Start-up Funding Request (if applicable)**	**Total Cost**
1. Personnel - Salary	$90,000.00	$12,500.00	$40,000.00	$142,500.00
2. Fringe for all Personnel	$18,000.00	$3,500.00	$0.00	$21,500.00
3. Consultants & Professional Fees	$5,400.00	$3,500.00	$0.00	$15,500.00
Sub Totals	$113,400.00	$19,500.00	$40,000.00	$172,900.00
TOTAL DCF Funding Request	✖ 172,900.00			

PROPOSED BUDGET FORM FOR NJDCF – FY2026			**Name of Applicant:** *Prospective Provider Name*	
PROPOSED BUDGET CATEGORIES	**Operational Funding Request (excluding start-up)**	**Non-DCF Cash or In-Kind Revenue Amounts***	**Start-up Funding Request (if applicable)**	**Total Cost**
1. Personnel - Salary	$54,500.00	$12,500.00	$75,000.00	$142,000.00
2. Fringe for all Personnel	$18,000.00	$3,500.00	$0.00	$21,500.00
3. Consultants & Professional Fees	$5,400.00	$3,500.00	$20,000.00	$28,900.00
Sub Totals	$77,900.00	$19,500.00	$95,000.00	$192,400.00
TOTAL DCF Funding Request	✓ 172,900.00			

Organizing Your Application

PDF 4:

Section IV – Respondent Narrative Responses

Organizing Your Application - PDF 4

PDF 4: Section IV – Narrative Responses

(Pages 26-30)

Subsections include:			Page Limitation	Score
A	**Community and Organizational Fit** Community and Organizational fit refers to respondent's alignment with the specified community and state priorities, family and community values, social norms and history, and other interventions and initiatives.	? ? ?		30
B	**Organizational Capacity** Organizational Capacity refers to the respondent's ability to meet and sustain the specified minimum requirements financially and structurally.	? ? ?		45
C	**Organizational Support** Organizational Supports refers to the respondent's access to Expert Assistance, Staffing, Training, Coaching & Supervision.	? ? ?		25
		TOTAL:	20 Total	100

RFP Review and Important Reminders

The Evaluation Committee review the following items:

PDF 3 Additional Program Related Documents

+

PDF 4 Narrative Responses

Subsections include:

A. Community and Organizational Fit
B. Organizational Capacity
C. Organizational Support

Important Reminders:

- Ensure your response follows the RFP format by section and sequence of questions included.
- Your narrative response must convey an understanding of the program deliverables and goals, as well as provider responsibilities stated within the RFP. Remember, your understanding of these should also be evident in the budget(s), budget narrative(s) and implementation plan you submit.
- Answer ALL questions – your response will be carefully reviewed and scored.

Request For Proposals (RFP)

2026 RFP

My First Place – Transitional Living Program

Questions & Technical Assistance (TA)

Technical Assistance (TA)

Technical Assistance (TA) is available to prospective applicants.

Questions regarding the completion and submission of a DCF Request For Proposals (RFP) must be submitted to DCF.ASKRFP@dcf.nj.gov.

DCF.ASKRFP@dcf.nj.gov

Questions & Answers

Submit all questions to:
DCF.ASKRFP@dcf.nj.gov

- **Respondent may not contact the DCF Division of Family and Community Partnerships (FCP) or the Office of Family Preservation and Reunification (OFPR) directly, in person, or by telephone, concerning this RFP. Questions must be sent via email to: DCF.ASKRFP@dcf.nj.gov**
- **Technical inquiries about required forms, documents, and format may be sent at any time prior to the response deadline, 12:00 PM on Wednesday, August 26th.**
- **Questions about the content and deliverables of the RFP must be sent by Friday, July 24th.**

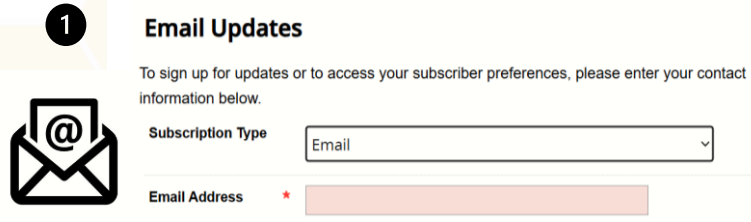
- **All answers to content and deliverables related questions will be posted on the DCF website at: DCF | Requests for Proposals, Qualifications/or Information and Funding Opportunities (nj.gov)**

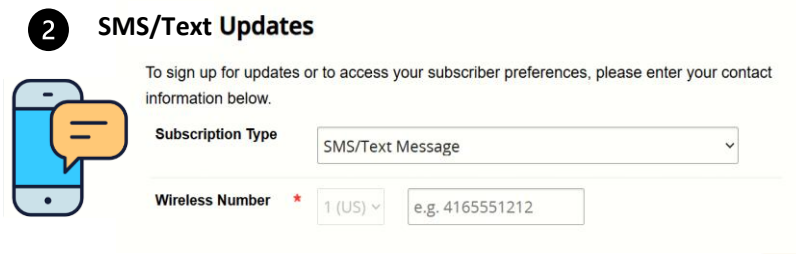
Sign-up for DCF Notifications

NEW JERSEY DEPARTMENT OF CHILDREN AND FAMILIES

https://www.nj.gov/dcf/stay-connected/providers-and-contractors/contracting-opportunities/

Click on → Receive notices announcing funding opportunities by email





RFP Timeframes and Deadlines

Date	Event
~~Tuesday, July 7th~~	~~RFP Published~~
~~Tuesday, July 21st~~	~~Virtual Conference~~
Friday, July 24th	Program Related Questions Due
Wednesday, August 19th (earlier if possible)	Authorized Organization Representative (AOR) Form Due
Wednesday, August 26th @ 12:00PM	Response Deadline

* DCF recommends not waiting until the due date to submit your response in case there are technical difficulties during your submission.

Questions