



COMMUNITY PLANNING  
& ADVOCACY COUNCIL  
*Creating Community Solutions*

## ANNUAL RFP COMPLETENESS PACKAGE Cover Sheet

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
- \_\_\_\_\_ Certification Regarding Debarment
- \_\_\_\_\_ Agreement to Indemnification
- \_\_\_\_\_ Current Board Member Roster
- \_\_\_\_\_ Current Agency Consolidated Budget
- \_\_\_\_\_ \$250 ACP Review Payment to C P A C (\$300 For National Accreditation – COA, JCAHO, etc)

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



2500 McClellan Avenue Suite 120, Pennsauken, NJ 08109; P: 856.663.3998 F: 856.663.7182 [www.cpacsj.org](http://www.cpacsj.org)



Camden County Board  
of Commissioners



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



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## ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

### AFFIRMATIVE ACTION QUESTIONNAIRE

Kindly complete the questionnaire in anticipation that your firm will be awarded a 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: \_\_\_\_\_



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## ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

### 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: \_\_\_\_\_

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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 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: \_\_\_\_\_



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