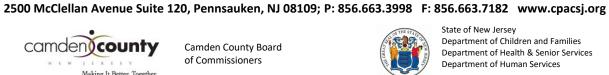


ANNUAL RFP COMPLETENESS PACKAGE Cover Sheet

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.





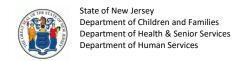


ANNUAL COMPLETENESS PACKAGE - ATTACHMENT AFFIRMATIVE ACTION QUESTIONNAIRE

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.

 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 Info	rmation Report)					
NONE OF THE ABOVE (See #2)						
2 We have neither State nor Federal Affirmative Action evidence, 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:						





Making It Better, Together.

2500 McClellan Avenue Suite 120, Pennsauken, NJ 08109; P: 856.663.3998 F: 856.663.7182 www.cpacsj.org

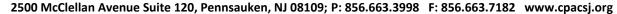


ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

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

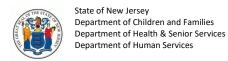
I am		of the f	irm of
		(Your title)	(Organization)
		(Address of your organiz	ation)
		CHOSE ONE OF THE ***********	
()	A.	I hereby certify on behalf of	that neither it (Organization)
			ded, proposed for debarment, declared ineligible, or n in this transaction by any federal department or
()	В.	I am unable to certify to any of the state an explanation to this form.	ements set forth in this certification. I have attached
AGENC	Y:		
PRESID	ENT	C/CEO/EXECUTIVE DIRECTOR:	
SIGNAT	'UR	E:	
DATE:			

ANNUAL COMPLETENESS PACKAGE - ATTACHMENT









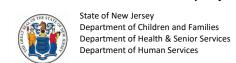


AGREEMENT TO INDEMNIFICATION

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/0	CEO/EXECUTIVE DIRECTOR:	
SIGNATURE:	:	
DATE:		





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