



December 7, 2022

Dear Colleague:

Re: 2023 MAP Annual Completeness Package

The Human Services Advisory Council (HSAC) and The Community Planning & Advocacy Council's (C.P.A.C.) Board of Trustees approved a Planning Committee recommendation to reduce the amount of paperwork MAP (Management Assistance Program) compliant agencies submitted with Request for Proposal (RFP) applications. These documents are submitted annually and are known as the *MAP Annual Completeness Package (ACP)*.

The 2023 MAP Annual Completeness Package and payment are due to C.P.A.C. by December 30, 2022.

The Completeness Package includes:

- Your agency's most recent Annual Audit (cannot date back more than 2 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.

This is an open enrollment process; however, all documents need to be updated annually. **Completeness Packages will be effective from January 1 until December 31, 2023.**

Please scan and e-mail your *2023 Annual RFP Completeness Package* documents to me by December 30, 2022. Payments should be payable to C.P.A.C. and sent to my attention.

Thank you in advance for your cooperation and attention to this matter.

Sincerely,

Hilary

Hilary Dugger Colbert, MPA
Director of Grants Management



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



Camden County Board
of Commissioners



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



COMMUNITY PLANNING
& ADVOCACY COUNCIL
Creating Community Solutions

ANNUAL RFP COMPLETENESS PACKAGE Cover Sheet

Effective January 1 – December 31, 2023

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

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



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ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

AFFIRMATIVE ACTION QUESTIONNAIRE

Effective January 1 – December 31, 2023

Kindly complete the questionnaire in anticipation that your firm is 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: _____





ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

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

Effective January 1 – December 31, 2023

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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ANNUAL COMPLETENESS PACKAGE - ATTACHMENT

AGREEMENT TO INDEMNIFICATION

Effective January 1 – December 31, 2023

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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