

From: Marlene Asselta <marlene@snjdc.org>
Sent time: 02/26/2019 02:05:10 PM
To: FreeholderLittle@co.ocean.nj.us
BCc: cjinotti@co.ocean.nj.us; ocinfo@co.ocean.nj.us
Subject: **[** POSSIBLE SPAM **]** Special Invitation to Sound Off Policy Conference

Good afternoon Freeholder Little,

The Southern NJ Development Council is hosting *Sound Off for South Jersey*, the largest policy conference in our region on March 21st and 22nd at Resorts Casino Hotel in Atlantic City. We are planning another informative event with the following program:

Cannabusiness in South Jersey: Economic Implications & Considerations – With New Jersey's expansion of medical cannabis and adult-use legalization pending, this high-level discussion will focus on the emerging topics impacting the business community including workplace implications, workforce development and state economics & regulations.

The Future of New Jersey's Tax Incentives – As New Jersey's two business incentive programs sunset July 1, attention turns to legislature to craft replacements programs. This panel is an exchange of ideas of smart economic planning policy designs for tax incentive programs that will be successful at directing investment and job creation.

Remarks from Commissioner Robert Asaro-Angelo, NJ Department of Labor & Workforce Development

As a South Jersey Freeholder, an invitation is being extended to you to be our guest for the Welcome Reception the evening of Thursday, March 21st from 6:00 to 7:30 p.m. at Margaritaville in Resorts.

The conference on Friday, March 22nd runs from 8:00 a.m. to 11:30 a.m. and a discounted reservation is being offered to you at \$50.

To register, please call us at 856-228-7500.

Marlene Z Asselta, President
Southern New Jersey Development Council
900 Rt. 168 Suite D-4
Turnersville, NJ 08012
www.snjdc.org
856-228-7500

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Subject: **[** POSSIBLE SPAM **]** Special Invitation to Sound Off Policy Conference

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Sent time: 08/13/2020 06:16:10 AM
To: FreeholderKelly
Subject: 7 days to go | Webinar : New Multi-State and State Specific Regulations Effective July 1

Live Webinar

New Multi-State Workplace Regulations Effective July 1, 2020! Employers Must Be Compliant or Risk Fines, Penalties and Criminal Sanctions!

Aug 21 ,2020 | 1:00 PM ET | 12:00 PM CT | 10:00 AM PT

Presented By: Margie Faulk, PHR, SHRM

HRCI Credits: 1.5

Employment regulations change in January and July of each year consistent with changes in legislation. Many employment law firms indicate that January is when federal, state and local regulations are implemented. However, research lately has shown that July is also now the new January for providing changes and new laws.

At this time over 35 states have workplace changes. It is critical to be informed since ignorance is no excuse for violations. More changes in regulations were passed in July 2020 and more expected in 2021 in different states and employers must ensure they are ready to accommodate the regulations that have changed in those states. This training will provide a risk management strategic plan to reduce compliance violations.

Session Highlights:

- What regulations have been implemented in July 2020 & 2021 and in which states?
- What states have had the most changes in employment regulations?
- What are the regulations with the most fines?
- What regulations must be added to Employee Handbooks or stand alone policies to ensure workplace compliance?
- What Employee centric (employee friendly) regulations are consistent with certain states?
- What Employer centric regulations are consistent across states?
- Learn how Employers and HR Professionals can prepare for the changes coming
- What fines and penalties are at risk if multi-state regulations are violated?
- What regulations are trending: Salary Ban restrictions, Ban the Box Restrictions, Classification restrictions, Paid Leave changes, Family Sick Leave, Minimum wage changes, Sexual Harassment Training Requirements, Hair Discrimination, Non-compete restrictions, Microchip Implementation, WARN-Notification of Reduction in Force Regulation, Marijuana pre-employment restrictions, Lactation Regulations, Transgender Protection

Register Here

At the Q&A session following the live event, ask a question and get a direct response from Margie.

Edukaterswebinar | 30 Corporate Circle, Suite 100, Albany, NY 12203, USA | +1 518-300-3613

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Marijuana

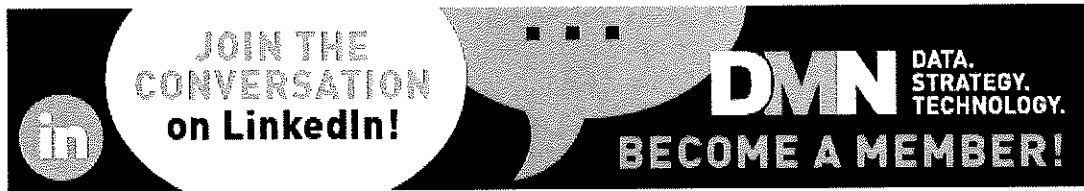
Virgins go suck on a tube of toothpaste. What an ignoramus. Jesus help you.

Rich Colarusso
Freehold NJ

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Sent time: 09/27/2019 08:00:46 AM
To: freeholdervicari@co.ocean.nj.us
BCc: cbove@co.ocean.nj.us; ocinfo@co.ocean.nj.us
Subject: AI in Retail Needs a Strategy and Framework

The Daily Insider | [View online](#)



The Daily Insider

September 27, 2019



Groceryshop

AI in Retail Needs a Strategy and Framework

By Marjorie Romeyn-Sanabria

At Groceryshop 2019, Coresight presented an approach to AI for grocery retailers



Nat Parks Bynum Imax Glacier Bts2247

Getty Images1129543888

IMAX Documentaries Score Big with Regional Audiences and Global Brand Partners

By Chris Wood

When viewers turn away from traditional commercials, brands aim at inspiring them on giant screens



Marketers Face Challenges Developing Quality Content

By Chris Wood

TCS Interactive's Global Head Sunil Karkera cites organizational challenges to quality within the largely offline content food chain



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By Kim Davis

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By Kim Davis, Chris Wood

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By Kayla Matthews

Cannabis purveyors are growing their own marketing strategies organically



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By Chris Wood

TechStyle Fashion Group takes an all-in approach to UGC for Boots Season



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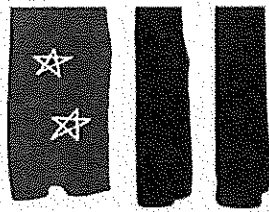
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Fort Atkinson, WI 53538

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Angelo M. Valente, Executive Director of PDFNJ <admin@drugfreenj.org>
04/22/2020 05:37:33 PM
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All PDFNJ Programs Are Now Virtual

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The Partnership For A Drug-Free New Jersey

In Cooperation with the Governor's Council on Alcoholism & Drug Abuse and the NJ Dept. of Human Services

As we continue to meet the new demands of the COVID-19 pandemic, PDFNJ has adapted all of its programs to make them virtual. Now more than ever it is critical not to lose focus and continue the work toward prevention of substance use and abuse. All of PDFNJ's school initiatives - from the 3rd Grade Activity Book to the 15 Minute Child Break and Drugs Don't Work in NJ workplace assistance - have been adapted for you to participate in or implement for your home, school, business, or community.

Together we can continue to make an impact on our children, family and communities.

Wishing you and your loved ones continued good health,
Angelo M. Valente, Executive Director of PDFNJ

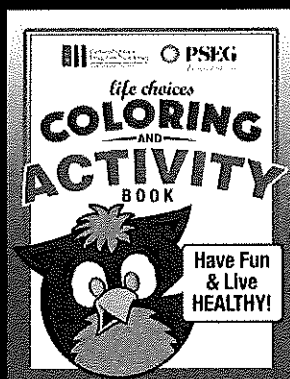
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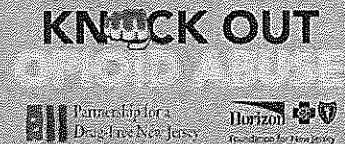


"Child Break" Webinar

Register to host a virtual "Child Break", either as an interactive, 30 minute Zoom webinar or a prerecorded presentation. A PDFNJ coordinator will reach out to assist you with sharing the event in your community. The "Child Break" webinar delivers informative, engaging, and educational information.

"Knock Out Opioid Abuse" Webinar Series

Register today for the April 30th webinar: **COVID-19 Pandemic: Responding to the Opioid Addiction Epidemic with Dr. Andrew Kolodny**



Child Break

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- Consequences of marijuana legalization for the NJ workplace
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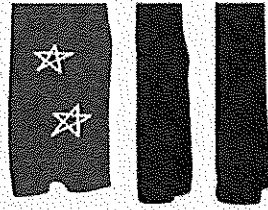
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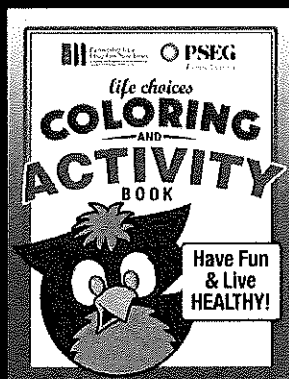
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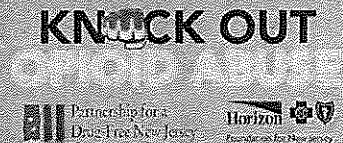
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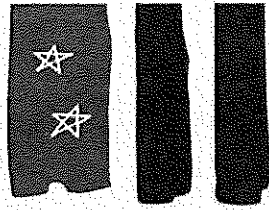
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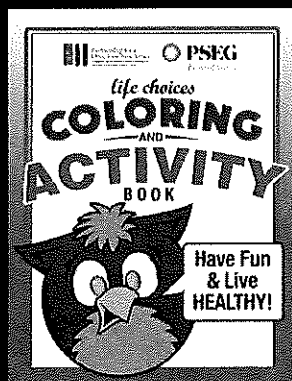
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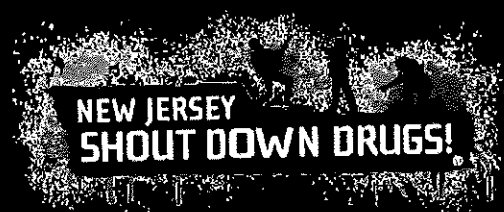
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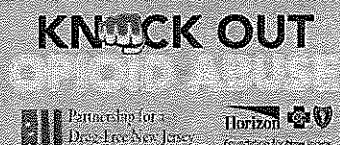
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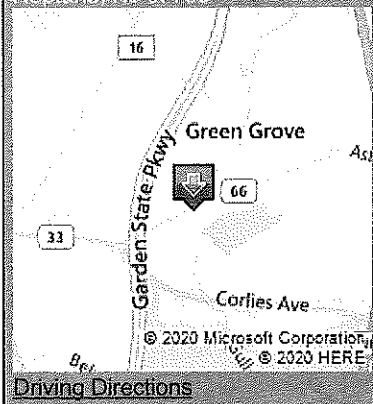
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Innovations in HR and Updates on HR Legal Issues

Wednesday, December 4, 2019
8:00am (registration) - 11:00am

Asbury Park Press
3600 Hwy. 66, Neptune, NJ
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Business owners, nonprofit directors and human resource professionals are continually challenged by complying with new laws, adjusting to new trends and finding quality employees as they manage their organization.

This conference will help you keep your business ahead of the curve in the ever changing area of human resource practices. You will learn a wealth of information at this program including:

- Medical Marijuana Workplace Rights; New Provisions of Employment Agreements; Salary Inquiries of Job Applicants
- Utilizing Artificial Intelligence in the Workplace to Augment Jobs and for Human Resource Management
- Recruiting, Hiring and Managing a Remote Workforce
- Protecting Business Data and Assets in a Remote Worker Environment

8:00 a.m. Registration, Continental Breakfast
8:30 a.m. Seminar Presenters:

- New and Updated Developments in HR
Kathleen Connelly, Lindabury, McCormick, Estabrook & Cooper
- The Role of Artificial Intelligence in the Workplace
Donghee Yvette Wohn, NJ Institute of Technology

- Utilizing Remote Employees
Alisa McCabe, First Steps Financial
- Protecting Data and Use of Cloud Computing
Michael Abboud, Tetherview

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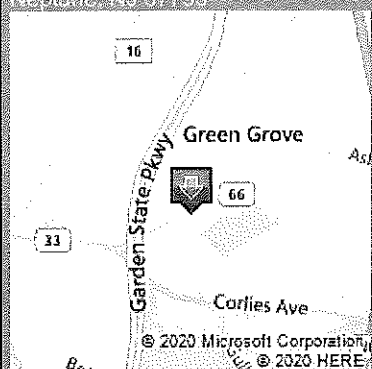
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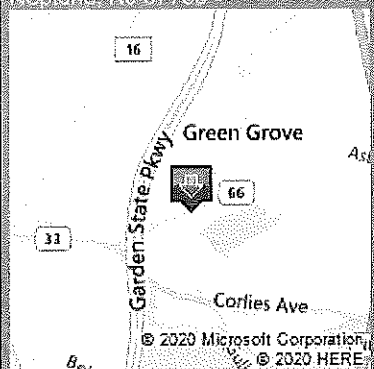
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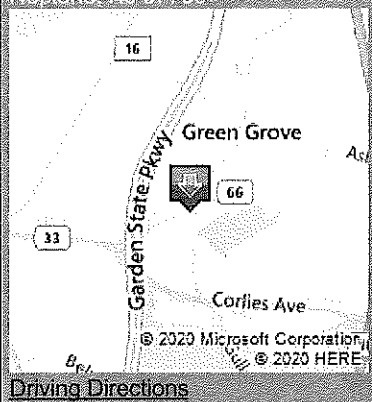
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Wed, December 4, 2019
8:00 AM (registration) to
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Innovations in HR and Updates on HR Legal Issues

Wednesday, December 4, 2019
8:00am (registration) - 11:00am

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Business owners, nonprofit directors and human resource professionals are continually challenged by complying with new laws, adjusting to new trends and finding quality employees as they manage their organization.

This conference will help you keep your business ahead of the curve in the ever changing area of human resource practices. You will learn a wealth of information at this program including:

- Medical Marijuana Workplace Rights; New Provisions of Employment Agreements; Salary Inquiries of Job Applicants
- Utilizing Artificial Intelligence in the Workplace to Augment Jobs and for Human Resource Management
- Recruiting, Hiring and Managing a Remote Workforce
- Protecting Business Data and Assets in a Remote Worker Environment

8:00 a.m. Registration, Continental Breakfast

8:30 a.m. Seminar Presenters:

- [New and Updated Developments in HR](#)

Kathleen Connelly

Lindabury, McCormick, Estabrook & Cooper

- [The Role of Artificial Intelligence in the Workplace](#)

Donghee Yvette Wohn
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- Utilizing Remote Employees

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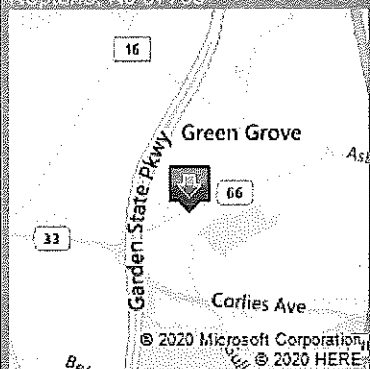
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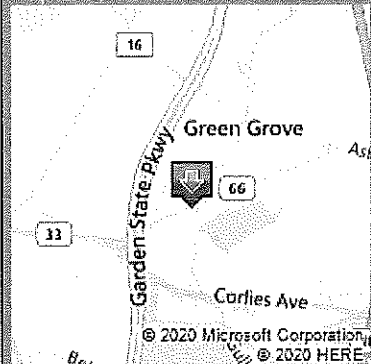
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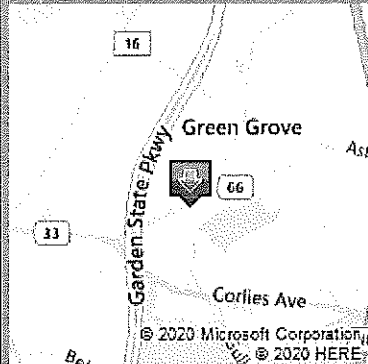
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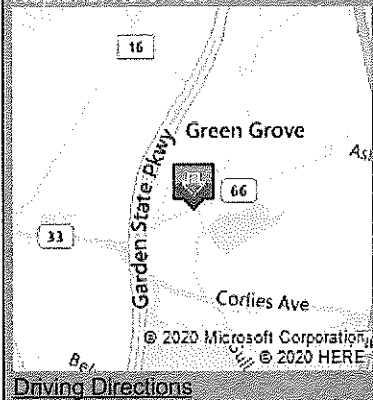
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By Marjorie Romeyn-Sanabria

Barnes and Noble College makes students feel at home



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One on One: Deane Barker on Why Content is Foundational

Deane Barker of Episerver is content-obsessed. Here's why



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By Chris Wood

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An honest look at the space, and the opportunities and challenges it brings



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Truebill teams up with Fluent's The Smart Wallet in an effort to make Millennial budgets more manageable on mobile



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By Kayla Matthews

From collaboration to customer relationships, here are the biggest impacts transformation can make on your organization



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From: Seth <njdsmtuner@gmail.com>
Sent time: 09/11/2020 08:33:42 PM
To: FreeholderHaines
Subject: Cannabis

To Virginia Haines,

I read the article saying how you think cannabis will lead people to hard drugs. Have you used cannabis and then started using harder drugs? I can tell you without cannabis I would have never been able to beat my opiates addiction that started From when I was hit by a bus when I was 19 and it messed my knees up. Now I don't use any Pharmaceuticals. STRICTLY CANNABIS ONLY!! I wish you do research before making your decision.. This stats is a joke. People are gonna get what they want no matter what you say. Also I have a really bad stomach with acid reflux and ulcers and cannabis helps the pain and gives me a appetite. I bet you take Pharmaceuticals that are worse then cannabis.

Have a great night.

From: Jeff Oakes <jeffoakes18@gmail.com>
Sent time: 09/15/2020 04:26:36 PM
To: FreeholderHaines
Subject: Cannabis

Just a reminder . When you play the role of a prohibitionist expect a reaction . Just like your anti mask Republican base we too in the cannabis community are coming for our freedom . I took part in getting Mayor tossed out of Point Beach . That reminds me , how is John Brogan doing ? You could table the resolution and save people the drive .

Sent from my iPad

From: GCN Insider: State & Local <gcn@1105direct.com>
Sent time: 06/28/2019 08:54:42 AM
To: jkelly@co.ocean.nj.us
Subject: Cannabis licensing in the cloud | Ready for mobile IDs? | Ransomware defense

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6/28/2019

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Cannabis licensing in the cloud

To help state and local governments navigate complex licensing requirements for marijuana growers, business and users, NIC is offering a service that can be configured for a jurisdiction's specific requirements.

Is the public sector ready for mobile IDs?

Digital identity management has evolved to take full advantage of security features offered by smart mobile devices.

High-profile ransomware attacks signal it's time for change

Agencies must assume they may fall victim to an attack and make adequate investments in data storage and disaster recovery technologies.

Utah to roll out connected vehicle data platform

The system will monitor and share data in real-time to enhance safety and improve traffic flow.

Tech to speed airport scans

Transportation Security Administration is looking for more ways to get travelers through airport checkpoints more efficiently without compromising security.

Takeaways from the Code for America Summit

The co-founders of Coding it Forward -- a student-led nonprofit working to leverage technology for social good -- weigh in on the talent-recruitment efforts in civic tech.



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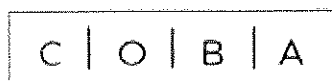
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Urine Drug Screening in the New World

Understand the potential impact of recreational marijuana, medical marijuana,
and psychoactive prescription medications to your company

Date: Friday, April 19, 2019
Location: Lamp Post Inn 276 Atlantic City Blvd, Pine Beach, NJ 08741
Cost: COBA Members - \$10.00 Pre-Register, \$15.00 at the door
Future Members - \$15.00 Pre-Register, \$20.00 at the door
Time: 8:30AM-10:00AM
Speaker: COBA Member: **John Kulin, DO, FACEP, FCUCM**

**Coba's April 2019 Breakfast Networking Event is Sponsored by Urgent
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Guest Speaker: John Kulin, DO, FACEP, FCUCM

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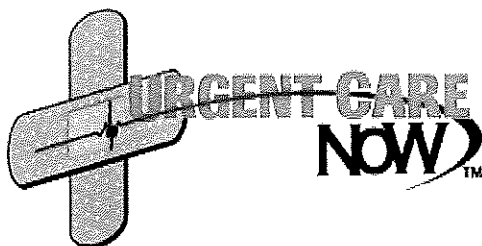
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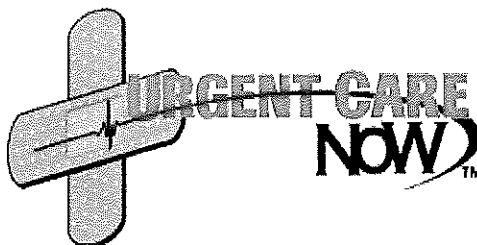
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Subject: College Recovery and Supporting Students Letter
Attachments: 19 1025.DRAFT Supporting Students in Recovery Letter.v2.docx College Recovery RFP Final.pdf

Good Morning Freeholder,

It was great speaking with you just now. Attached as we discussed is a draft letter and the Dept of Health RFP for the grant we are applying for. I'm looking to get a letter of support, if you are willing to provide one, by Wednesday since we are submitting the application by COB then. Thank you again for considering a letter of support for our application for this important student services funding.

If you have any questions please let me know.

Regards,

-John

John C. Raue
Director of Strategic Initiatives
Office of the President
Kean University
1000 Morris Avenue
Union, NJ 07083
e: jraue@kean.edu
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October XX, 2019

Commissioner Carole Johnson

Department of Human Services

120 South Stockton Street, 3rd Floor

P.O. Box 362

Trenton, NJ 08625-0362

Commissioner Carole Johnson,

I am writing in support of a Kean University grant application for the program "Supporting Students in Recovery: Recovery Housing and/or Recovery Supports to Prevent and Reduce Substance Abuse on College Campuses in New Jersey.

As an elected official representing the Kean community I have seen firsthand the good work that New Jersey's third largest institution of public higher education is doing to support their students. This funding will allow them to grow those services in the critical area of supporting students in recovery. Kean University has three different locations in New Jersey the main campus located in Union County, its second largest campus is located in Ocean County which is an area of our state that has been hit particularly hard by the opioid crisis, and Kean Skylands a brand new campus in Morris County. With students enrolled from every area of New Jersey, this funding will support students in recovery across the state.

I ask that you join me in support Kean University's application for the Supporting Students in Recovery Grant.

Thank you,

---Elected Official --

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

**Supporting Students in Recovery:
Recovery Housing and/or Recovery Supports to
Prevent and Reduce Substance Abuse on
College Campuses in New Jersey**

October 3, 2019

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

The New Jersey Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) for Supporting Students in Recovery to provide supportive, substance-free living environments and services for college students in recovery. The total amount of funds available through this RFP is \$1,375,000. DMHAS will make five awards (each not to exceed \$275,000) to two or four year public institutions of higher education to provide recovery housing and/or recovery support services. This RFP does not support capital costs. However, it is permissible to budget funds for general maintenance (e.g. interior painting) on existing assets to be dedicated exclusively for recovery housing and/or recovery support services.

Institutions that already have designated housing for students in recovery may still apply for funding recovery programs and related services. Each college or university awardee will be required to provide individual and group substance abuse recovery-oriented programs and services, implement environmental prevention strategies, provide assessment, academic, and personal counseling services to students, and other appropriate services. Note that designated recovery housing may include a dorm, floor, wing or other area within an existing residential building or other student housing and does not require that an entire dormitory be substance-free. Project oversight will be provided by the DMHAS. The funding available is one-time only and not renewable.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

October 3, 2019	Notice of Funding Availability
October 31, 2019	Deadline for receipt of proposals - no later than 4:00 p.m.
November 20, 2019	Preliminary award announcement
November 27, 2019	Appeal deadline
December 4, 2019	Final award announcement
January 1, 2020	Anticipated contract start date

II. Background and Population to be Served

On-Campus Recovery Programs. The New Jersey Division of Mental Health and Addiction Services is increasing spending by \$1,375,000 for colleges and universities to provide on-campus recovery programs, giving New Jersey two and four year public colleges and universities the ability to apply for grants in order to invest in substance-free housing and/or supportive services for students in recovery. This RFP is funded through the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (: SOR) grant supplemental funding. The SOR grant period is September 30, 2018 to September 29, 2020.

According to data from the 2015 National Survey on Drug Use and Health (NSDUH) nearly 5.4 million full-time college students (60.1 percent of this population) drank alcohol in the past month, with 3.5 million engaging in binge drinking and 1.2 million engaging in heavy alcohol use (39.0 and 13.2 percent, respectively). Nearly 2.0 million full-time college students (22.2 percent) used an illicit drug in the past month.

On an average day during the past year, full-time college students used the following substances:

- 1.2 million full-time college students drank alcohol;
- 703,759 full-time college students used marijuana;
- 11,338 full-time college students used cocaine;
- 9,808 full-time college students used hallucinogens;
- 4,570 full-time college students used heroin; and
- 3,341 full-time college students used inhalants.

Full-time college students who used alcohol in the past month drank an average of 4.1 drinks per day on the days on which they drank. Full-time college students who used alcohol in the past month drank on an average of 6.4 days per month.

The risks and adverse consequences associated with adolescent and young adult alcohol and illicit drug abuse are well-documented. Wechsler and Nelson (2010) report that students who met criteria for binge drinking two (or three) times in a two-week period were twice as likely to: engage in unplanned sex, get into trouble with police, need medical treatment for alcohol overdose, and drive under the influence. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 2017, 1,825 college students between the ages of 18-24 die each year from alcohol-related injuries (including driving while intoxicated). The NIAAA also reports that 25% of college students reported adverse academic consequences due to alcohol abuse, and that 2.1 million students drove under the influence of alcohol last year.

College Characteristics: According to NIAAA, a number of environmental influences working in concert with other factors may affect students' alcohol consumption. Schools where excessive alcohol use is more likely to occur include those:

- Where Greek systems dominate (i.e., fraternities, sororities);
- Where athletic teams are prominent; and
- Located in the Northeast.

Legislation: In response to these issues, the New Jersey Senate and General Assembly enacted legislation in 2015 that mandated that, "Within four years...each four-year public institution, in which at least 25% of the undergraduate students live in on-campus housing shall establish a substance abuse recovery housing program." Seven of New Jersey's 13 public colleges and universities are subject to this Campus Recovery Housing law that requires dedicated substance-free housing for students by 2019.

College Recovery Initiative

The funding available for recovery housing and/or recovery support programs through this RFP is not restricted to colleges meeting the requirements of the legislation. All other two and four year public colleges and universities are eligible to apply for funding to provide recovery housing and/or recovery support services. Colleges or universities that already provide recovery and substance-free housing can apply for funding to develop or augment their school's recovery program.

The design of the program should be consistent with the findings of existing programs and the literature which maintain that recovery housing operates and is successful if it is non-stigmatizing and offered within the context of a comprehensive community recovery program promoting recovery and normalizing a substance-free lifestyle.

The specific contract-related expectations are listed in the Contract Scope of Work section of this RFP.

III. Who Can Apply?

Bidders that may apply must meet the following eligibility criteria.

1. The bidder must be a State recognized accredited two or four-year public institution of higher learning in New Jersey;
2. The bidder did not receive previous funding for recovery support services/housing from DMHAS;
3. The bidder must be a fiscally viable public college or university;
4. The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder;
5. For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
6. The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
7. The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/debarred/debarsearch.htm> or be suspended or debarred by any other State or Federal entity from receiving funds; and
8. The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity.

IV. Contract Scope of Work

The goal of this project is to provide students in recovery from a substance use disorder (SUD), students at-risk of developing a SUD, and students not in recovery who choose not to misuse alcohol and drugs, with a supportive community that promotes physical, psychological, social, and spiritual health. By providing this support, it is easier for a student who is in recovery to thrive in the college setting and work toward his/her

College Recovery Center | 11/18/2019

academic goals. It also provides comfort to families who have to manage the fears and reservations of letting their recovering loved one enter an environment that is well-known for drinking and partying. As such, recovering students have the opportunity to complete their college education in an environment that values and supports recovery from addiction.

The specific requirements for recovery housing and/or recovery support services are set forth below:

I. Recovery Housing (desirable not required)

- A. Designation of a dorm or provision of space within existing residential housing (e.g., dorm, floor, wing, suite, etc.) as safe space for students in recovery. Such housing may be available to students at risk of developing a SUD and individuals wishing to reside in substance-free housing with priority given to those in recovery.
 - 1. Ensure privacy and confidentiality of residents in recovery housing
 - 2. Establish written policies and procedures for eligibility and retention of housing, including commitment of residents to policy compliance.
- B. Staffing – the residential assistants on a recovery dorm, floor, wing or suite must be trained so that they can promote the recovery process; peer mentors may be considered for these roles.
- C. Marketing – Schools must promote recovery housing with materials that are positive and non-stigmatizing and reference the available campus supports; schools must also preserve the anonymity of recovering students who elect to reside in recovery housing.
- D. Environmental Management – Schools must promote and provide substance free activities for all dorm residents as well as substance free campus activities.

II. Recovery Support

- A. Screening and Intervention Services:
 - 1. Offer screening and intervention for SUDs (and mental health services for students with co-occurring disorders).
 - 2. Provide referral to assessment for students who are identified as at-risk.
 - 3. Provide recovery support services, including mentoring, academic support, crisis management, and relapse prevention and response to recovering and at-risk students.
 - 4. Adhere to the New Jersey Board of Marriage and Family Therapists Alcohol and Drug Counselor Committee regulations regarding the practice of substance abuse counseling.
 - 5. Use evidence-based tools and practices for all screening and intervention services.
 - 6. Designate physical space on campus for students in recovery, peer mentors, and recovery allies, to meet and gather.
- B. Self-Help and Mentoring
 - 1. Ensure that 12-step meetings and/or other self-help groups are available to students on campus and provide guidance to students regarding maximizing attendance at meetings by holding meetings at sites that afford some degree of

privacy, for example, providing meetings that are held at easily accessible off-campus locations at times when students will most likely be able to attend. Schools should facilitate transportation for students in recovery as needed.

2. Consider developing a peer mentor program and provide training to peer mentors so that students in recovery have role models who can provide relatable reinforcement and support.
 3. Identify organizations, services and groups that can provide students in recovery access to recovery resources in the broader community (support programs, counseling, housing, etc.).
 4. Identify organizations, groups and clubs that facilitate involvement in community service, philanthropy, and civic engagement (speaking at local high schools, service projects, etc.).
- C. Community Education
Provide to the general student population, faculty and administrative (and residential) staff in order to promote substance-free lifestyles.
- D. Environmental Management
Promote and provide substance free activities and events for students in recovery as well as substance free campus activities.

Coordinating Agency

DMHAS will assume the coordinating and oversight functions for this grant. Oversight will include approval of the final proposal and implementation plan and schedule, quarterly oversight meetings with the grantee schools to review data reports, implementation progress and obstacles, and a fiscal audit at the program's conclusion. Quarterly meetings will be attended by college officials, including those responsible for administering the recovery program and recovery housing.

Evaluation and Data Reporting

Institutions will be required to submit quarterly reports to DMHAS on the following:

- Information regarding recovery support housing, if applicable (number of students receiving services, student retention, types and frequency of services provided to students, successes and challenges related to delivery of services; marketing and anti-stigma activities);
- Progress toward the provision of recovery housing and anticipated availability of housing and supports, if applicable.
- Develop and implement a program performance assessment plan for all students receiving recovery support services that incorporates the use of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcomes Measures (NOMs). The NOMs track and measure real-life outcomes for people in recovery from mental health and SUD. The following domains should be included in the performance assessment plan: reduced morbidity, education, stability in housing, academic retention, and cost-effectiveness of the provided recovery program.

In addition, schools must conduct a student satisfaction survey regarding views of recovery housing and/or recovery supports.

DMHAS will develop guidelines for the appropriate use of funds, monitor invoices for payment, and conduct a fiscal audit at the conclusion of the project.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the website at: <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP is not renewable. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the web at <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to the DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

VI. Written Intent to Apply

Bidders must send an email to RFP.submissions@dhs.nj.gov indicating their agency's intent to submit a proposal by October 24, 2019. Submitting a notice of intent to apply does not obligate an agency to apply. Failure to submit an intent to apply does not disqualify a bidder from applying for this funding opportunity.

Any questions regarding this RFP should be directed via email to RFP.submissions@dhs.nj.gov no later than October 10, 2019. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Required Proposal Content

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation noted below:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (15 points)

1. Provide a brief narrative describing the bidder's history, its primary purpose, target population and the number of years of experience. Describe how the bidder's experience and success demonstrate its ability to provide the expected services.
2. For bidder's that are currently receiving funding from DMHAS, please provide an explanation and all relevant documentation regarding any disciplinary action that has been taken against the in the past five years.
3. Provide a statement of need for these services on campus – including qualitative and quantitative information to substantiate the need.
4. Describe the bidder's history and experience in providing substance abuse prevention, treatment and/or recovery services.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or

pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion

6. In order to establish a bidder's need for a program of campus-based recovery housing and/or recovery support services, bidders must complete the following grid (using information for the previous academic year (September – May) and include it with their proposal. If the Indicator does not apply, it is to be noted on the grid.

Indicator	Number
Full time undergraduate students	
Part time undergraduate students	
Full time graduate students	
Part time graduate students	
Student deaths due to alcohol/drug use	
Alcohol/drug policy violations	
Alcohol/drug arrests on campus	
Alcohol/drug arrests off campus	
Academic suspensions due to alcohol/drugs	
College infirmary visits due to alcohol/drugs	
Emergency room visits due to alcohol/drugs	
Alcohol poisonings	
Drug overdoses	
Campus vandalism incidents	
Number of students living in on-campus housing	
Students living on campus as a percent of student population	

Project Description (40 points)

1. Describe how the bidder will provide the services outlined in the contract scope of work of this RFP. Include details on how these activities will be conducted on campus.
2. Describe how this project will address the problem of substance abuse on campus and how it will ultimately enhance students' college experience.
3. Describe the bidder's approach to monitoring and evaluating meaningful performance measures related to program outcomes.
4. Describe where and how recovery support services will be provided including academic support services, screening and intervention services, peer support/mentoring, crisis management, relapse prevention and response, training and community education. Describe the bidder's plan to provide access to services, including how individual students will be identified as both eligible for and in need of services. Describe how the institution will ensure that all services related to this project are delivered with an adequate degree of privacy and discretion.

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5. If applicable, describe and detail how recovery housing will be provided and publicized, who will be eligible and conditions for retention of housing, including how student relapse will be handled. Describe housing eligibility criteria if recovery housing is to be provided. Describe recovery housing policies and procedures including protection of participants' anonymity and efforts to ensure that program participation is non-stigmatizing. Discuss how the housing will be staffed and the training that will be provided to ensure the availability of qualified personnel, including peer mentors.
 6. Describe the substance-free activities that will be available to students in recovery. Describe the efforts and types of substance-free activities that will be undertaken to promote substance-free lifestyles more generally on campus.
 7. Provide a detailed description of evidence-based programs that will be utilized in the recovery support components of the program.
 8. Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender within your college/university.
 9. Describe any foreseen barriers to the implementation of this project and plans to overcome them. At a minimum, be sure to include community, cultural, economic and academic barriers.
 10. Describe the program performance assessment plan for recovery support services. Include the institution's strategy to incorporate the use of SAMHSA's NOMs.

Staffing (15 points)

1. Describe the number of key personnel who will be involved with fulfilling the requirements of this RFP, including their qualifications (i.e., professional licensing and related experience). Indicate whether they are current staff or if they are expected to be hired, and include if staff will be bilingual.
2. Attach resumes and copies of credentials of current staff members in an Appendix.
3. Include job descriptions for all key personnel with oversight and involvement in completing the responsibilities of the contract.
4. Describe the institution's organizational structure and provide an organizational chart showing the proposed 'Supporting Students in Recovery Program' in an Appendix.
5. Detail the institution's hiring policies regarding background and credential checks, as well as past criminal convictions.
6. Detail how supervision over clinical staff will be conducted.

Facilities, Logistics, Equipment (10 points)

1. Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or students, who may require these services.
2. Describe facilities and equipment required to execute the project. Include in-kind resources, as well as facilities and equipment to be purchased with project funds. Describe where recovery support services will be provided, as well as measures to ensure compliance with HIPAA and 42 CFR requirements.
3. If designating new recovery housing, describe the existing housing facilities to be made available to the project, including the total number of students in recovery who can be served and support services available within the housing component. Include a description of the process to apply for, be accepted into, and continue to receive recovery housing, including eligibility for financial aid or other assistance to subsidize the cost of housing for students in recovery who qualify for assistance.

Budget (20 points)

The DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

This RFP does not support capital costs. However, bidders may request up to 5% of its proposed total budget for this project (up to a maximum of \$13,750) for general maintenance (e.g. interior painting, carpeting) on existing assets that are dedicated exclusively for recovery housing and/or recovery support services (e.g. a recovery lounge). General maintenance funding cap is set by SAMHSA. Narrative justification and maintenance cost estimates should be displayed on the Excel budget template, if applicable.

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those that submit a written intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and

- b. Section 2 - Proposed one-time costs, if any, which will be included in Total Gross Costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
 3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
 4. For all proposed personnel, the template should identify the staff position titles and staff names (if allocated from other DMHAS contracted services), and hours per workweek.
 5. Identify the number of hours per clinical consultant.
 6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
 7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with the DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
 8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. The failure by the bidder to include any of items 7-10 shall result in disqualification of the proposal.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status (www.njconsumeraffairs.gov/charities);
8. Department of Human Services Statement of Assurances (RFP Attachment C);
9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
10. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml);

11. Statement of Bidder/Vendor Ownership Disclosure
(www.nj.gov/treasury/purchase/forms.shtml); and
12. Original and/or copies of letters of commitment/support.

The documents listed below are also required with the proposal, **unless the bidder has a current contract with the DMHAS and these documents are current and on file with the DMHAS. Audits do not count towards appendices 50 page limit.**

1. Most recent single audit report (A133) or certified statements (submit only two [2] copies); and
2. Any other audits performed in the last two (2) years (submit only two [2] copies).

VIII. Submission of Proposal Requirements

The DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. The DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on October 31, 2019. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For private delivery vendor such as UPS or FedEx:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd Floor
Trenton, NJ 08611

OR

For U.S. Postal Service delivery:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-362

The bidder may mail or hand deliver its proposal, however, the DMHAS is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day

priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically. The proposal must be uploaded as a PDF file and the Excel budget template as an Excel file by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen. Go to: <https://ftpw.dhs.state.nj.us>.

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but

are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in Policy Circular P1.04 (<http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by the DMHAS at the address below no later than 4:00 p.m. on November 27, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691
Fax: 609-341-2302

Or via email: Helen.Staton@dhs.nj.gov

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

The DMHAS will review all appeals and render a final decision by December 4, 2019. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);

3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP: Recovery Housing and/or Recovery Supports on College Campuses

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers who can access dedicated recovery housing, if applicable: _____

Total number of unduplicated consumers to be served with recovery supports: _____

County in which services are to be provided: _____

Brief description of services by program name and level of service to be provided:

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

From: John Raue <jraue@kean.edu>
Sent time: 10/28/2019 10:30:01 AM
To: vhaines@co.ocean.nj.us
Subject: College Recovery and Supporting Students Letter
Attachments: 19 1025.DRAFT Supporting Students in Recovery Letter.v2.docx College Recovery RFP Final.pdf

Good Morning Freeholder,

It was great speaking with you just now. Attached as we discussed is a draft letter and the Dept of Health RFP for the grant we are applying for. I'm looking to get a letter of support, if you are willing to provide one, by Wednesday since we are submitting the application by COB then. Thank you again for considering a letter of support for our application for this important student services funding.

If you have any questions please let me know.

Regards,

-John

John C. Raue
Director of Strategic Initiatives
Office of the President
Kean University
1000 Morris Avenue
Union, NJ 07083
e: jraue@kean.edu
p: (908) 737-7011
www.kean.edu

October XX, 2019

Commissioner Carole Johnson

Department of Human Services

120 South Stockton Street, 3rd Floor

P.O. Box 362

Trenton, NJ 08625-0362

Commissioner Carole Johnson,

I am writing in support of a Kean University grant application for the program "Supporting Students in Recovery: Recovery Housing and/or Recovery Supports to Prevent and Reduce Substance Abuse on College Campuses in New Jersey.

As an elected official representing the Kean community I have seen firsthand the good work that New Jersey's third largest institution of public higher education is doing to support their students. This funding will allow them to grow those services in the critical area of supporting students in recovery. Kean University has three different locations in New Jersey the main campus located in Union County, its second largest campus is located in Ocean County which is an area of our state that has been hit particularly hard by the opioid crisis, and Kean Skylands a brand new campus in Morris County. With students enrolled from every area of New Jersey, this funding will support students in recovery across the state.

I ask that you join me in support Kean University's application for the Supporting Students in Recovery Grant.

Thank you,

---Elected Official --

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

REQUEST FOR PROPOSALS

**Supporting Students in Recovery:
Recovery Housing and/or Recovery Supports to
Prevent and Reduce Substance Abuse on
College Campuses in New Jersey**

October 3, 2019

Valerie L. Mielke, Assistant Commissioner
Division of Mental Health and Addiction Services

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I. Purpose and Intent

The New Jersey Department of Human Services (DHS) Division of Mental Health and Addiction Services (DMHAS) is issuing this Request for Proposals (RFP) for Supporting Students in Recovery to provide supportive, substance-free living environments and services for college students in recovery. The total amount of funds available through this RFP is \$1,375,000. DMHAS will make five awards (each not to exceed \$275,000) to two or four year public institutions of higher education to provide recovery housing and/or recovery support services. This RFP does not support capital costs. However, it is permissible to budget funds for general maintenance (e.g. interior painting) on existing assets to be dedicated exclusively for recovery housing and/or recovery support services.

Institutions that already have designated housing for students in recovery may still apply for funding recovery programs and related services. Each college or university awardee will be required to provide individual and group substance abuse recovery-oriented programs and services, implement environmental prevention strategies, provide assessment, academic, and personal counseling services to students, and other appropriate services. Note that designated recovery housing may include a dorm, floor, wing or other area within an existing residential building or other student housing and does not require that an entire dormitory be substance-free. Project oversight will be provided by the DMHAS. The funding available is one-time only and not renewable.

No funding match is required; however, bidders will need to identify any other sources of funding, both in-kind and monetary, that will be used. Bidders may not fund any costs incurred for the planning or preparing a proposal in response to this RFP from current DHS/DMHAS contracts.

The following summarizes the RFP schedule:

October 3, 2019	Notice of Funding Availability
October 31, 2019	Deadline for receipt of proposals - no later than 4:00 p.m.
November 20, 2019	Preliminary award announcement
November 27, 2019	Appeal deadline
December 4, 2019	Final award announcement
January 1, 2020	Anticipated contract start date

II. Background and Population to be Served

On-Campus Recovery Programs. The New Jersey Division of Mental Health and Addiction Services is increasing spending by \$1,375,000 for colleges and universities to provide on-campus recovery programs, giving New Jersey two and four year public colleges and universities the ability to apply for grants in order to invest in substance-free housing and/or supportive services for students in recovery. This RFP is funded through the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) State Opioid Response (: SOR) grant supplemental funding. The SOR grant period is September 30, 2018 to September 29, 2020.

According to data from the 2015 National Survey on Drug Use and Health (NSDUH) nearly 5.4 million full-time college students (60.1 percent of this population) drank alcohol in the past month, with 3.5 million engaging in binge drinking and 1.2 million engaging in heavy alcohol use (39.0 and 13.2 percent, respectively). Nearly 2.0 million full-time college students (22.2 percent) used an illicit drug in the past month.

On an average day during the past year, full-time college students used the following substances:

- 1.2 million full-time college students drank alcohol;
- 703,759 full-time college students used marijuana;
- 11,338 full-time college students used cocaine;
- 9,808 full-time college students used hallucinogens;
- 4,570 full-time college students used heroin; and
- 3,341 full-time college students used inhalants.

Full-time college students who used alcohol in the past month drank an average of 4.1 drinks per day on the days on which they drank. Full-time college students who used alcohol in the past month drank on an average of 6.4 days per month.

The risks and adverse consequences associated with adolescent and young adult alcohol and illicit drug abuse are well-documented. Wechsler and Nelson (2010) report that students who met criteria for binge drinking two (or three) times in a two-week period were twice as likely to: engage in unplanned sex, get into trouble with police, need medical treatment for alcohol overdose, and drive under the influence. According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) in 2017, 1,825 college students between the ages of 18-24 die each year from alcohol-related injuries (including driving while intoxicated). The NIAAA also reports that 25% of college students reported adverse academic consequences due to alcohol abuse, and that 2.1 million students drove under the influence of alcohol last year.

College Characteristics: According to NIAAA, a number of environmental influences working in concert with other factors may affect students' alcohol consumption. Schools where excessive alcohol use is more likely to occur include those:

- Where Greek systems dominate (i.e., fraternities, sororities);
- Where athletic teams are prominent; and
- Located in the Northeast.

Legislation: In response to these issues, the New Jersey Senate and General Assembly enacted legislation in 2015 that mandated that, "Within four years...each four-year public institution, in which at least 25% of the undergraduate students live in on-campus housing shall establish a substance abuse recovery housing program." Seven of New Jersey's 13 public colleges and universities are subject to this Campus Recovery Housing law that requires dedicated substance-free housing for students by 2019.

The funding available for recovery housing and/or recovery support programs through this RFP is not restricted to colleges meeting the requirements of the legislation. All other two and four year public colleges and universities are eligible to apply for funding to provide recovery housing and/or recovery support services. Colleges or universities that already provide recovery and substance-free housing can apply for funding to develop or augment their school's recovery program.

The design of the program should be consistent with the findings of existing programs and the literature which maintain that recovery housing operates and is successful if it is non-stigmatizing and offered within the context of a comprehensive community recovery program promoting recovery and normalizing a substance-free lifestyle.

The specific contract-related expectations are listed in the Contract Scope of Work section of this RFP.

III. Who Can Apply?

Bidders that may apply must meet the following eligibility criteria.

1. The bidder must be a State recognized accredited two or four-year public institution of higher learning in New Jersey;
2. The bidder did not receive previous funding for recovery support services/housing from DMHAS;
3. The bidder must be a fiscally viable public college or university;
4. The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder;
5. For a bidder that has a contract with DMHAS in place when this RFP is issued, that bidder must have all outstanding Plans of Correction (PoC) for deficiencies submitted to DMHAS for approval prior to submission;
6. The bidder must be fiscally viable based upon an assessment of the bidder's audited financial statements. If a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award;
7. The bidder must not appear on the State of New Jersey Consolidated Debarment Report at <http://www.state.nj.us/treasury/debarred/debarsearch.htm> or be suspended or debarred by any other State or Federal entity from receiving funds; and
8. The bidder shall not employ a member of the Board of Directors as an employee or in a consultant capacity.

IV. Contract Scope of Work

The goal of this project is to provide students in recovery from a substance use disorder (SUD), students at-risk of developing a SUD, and students not in recovery who choose not to misuse alcohol and drugs, with a supportive community that promotes physical, psychological, social, and spiritual health. By providing this support, it is easier for a student who is in recovery to thrive in the college setting and work toward his/her

academic goals. It also provides comfort to families who have to manage the fears and reservations of letting their recovering loved one enter an environment that is well-known for drinking and partying. As such, recovering students have the opportunity to complete their college education in an environment that values and supports recovery from addiction.

The specific requirements for recovery housing and/or recovery support services are set forth below:

I. Recovery Housing (desirable not required)

- A. Designation of a dorm or provision of space within existing residential housing (e.g., dorm, floor, wing, suite, etc.) as safe space for students in recovery. Such housing may be available to students at risk of developing a SUD and individuals wishing to reside in substance-free housing with priority given to those in recovery.
 - 1. Ensure privacy and confidentiality of residents in recovery housing
 - 2. Establish written policies and procedures for eligibility and retention of housing, including commitment of residents to policy compliance.
- B. Staffing – the residential assistants on a recovery dorm, floor, wing or suite must be trained so that they can promote the recovery process; peer mentors may be considered for these roles.
- C. Marketing – Schools must promote recovery housing with materials that are positive and non-stigmatizing and reference the available campus supports; schools must also preserve the anonymity of recovering students who elect to reside in recovery housing.
- D. Environmental Management – Schools must promote and provide substance free activities for all dorm residents as well as substance free campus activities.

II. Recovery Support

- A. Screening and Intervention Services:
 - 1. Offer screening and intervention for SUDs (and mental health services for students with co-occurring disorders).
 - 2. Provide referral to assessment for students who are identified as at-risk.
 - 3. Provide recovery support services, including mentoring, academic support, crisis management, and relapse prevention and response to recovering and at-risk students.
 - 4. Adhere to the New Jersey Board of Marriage and Family Therapists Alcohol and Drug Counselor Committee regulations regarding the practice of substance abuse counseling.
 - 5. Use evidence-based tools and practices for all screening and intervention services.
 - 6. Designate physical space on campus for students in recovery, peer mentors, and recovery allies, to meet and gather.
- B. Self-Help and Mentoring
 - 1. Ensure that 12-step meetings and/or other self-help groups are available to students on campus and provide guidance to students regarding maximizing attendance at meetings by holding meetings at sites that afford some degree of

privacy, for example, providing meetings that are held at easily accessible off-campus locations at times when students will most likely be able to attend. Schools should facilitate transportation for students in recovery as needed.

2. Consider developing a peer mentor program and provide training to peer mentors so that students in recovery have role models who can provide relatable reinforcement and support.
3. Identify organizations, services and groups that can provide students in recovery access to recovery resources in the broader community (support programs, counseling, housing, etc.).
4. Identify organizations, groups and clubs that facilitate involvement in community service, philanthropy, and civic engagement (speaking at local high schools, service projects, etc.).

C. Community Education

Provide to the general student population, faculty and administrative (and residential) staff in order to promote substance-free lifestyles.

D. Environmental Management

Promote and provide substance free activities and events for students in recovery as well as substance free campus activities.

Coordinating Agency

DMHAS will assume the coordinating and oversight functions for this grant. Oversight will include approval of the final proposal and implementation plan and schedule, quarterly oversight meetings with the grantee schools to review data reports, implementation progress and obstacles, and a fiscal audit at the program's conclusion. Quarterly meetings will be attended by college officials, including those responsible for administering the recovery program and recovery housing.

Evaluation and Data Reporting

Institutions will be required to submit quarterly reports to DMHAS on the following:

- Information regarding recovery support housing, if applicable (number of students receiving services, student retention, types and frequency of services provided to students, successes and challenges related to delivery of services; marketing and anti-stigma activities);
- Progress toward the provision of recovery housing and anticipated availability of housing and supports, if applicable.
- Develop and implement a program performance assessment plan for all students receiving recovery support services that incorporates the use of the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Outcomes Measures (NOMs). The NOMs track and measure real-life outcomes for people in recovery from mental health and SUD. The following domains should be included in the performance assessment plan: reduced morbidity, education, stability in housing, academic retention, and cost-effectiveness of the provided recovery program.

In addition, schools must conduct a student satisfaction survey regarding views of recovery housing and/or recovery supports.

DMHAS will develop guidelines for the appropriate use of funds, monitor invoices for payment, and conduct a fiscal audit at the conclusion of the project.

V. General Contracting Information

Bidders must currently meet or be able to meet the terms and conditions of the Department of Human Services (DHS) contracting rules and regulations as set forth in the Standard Language Document (SLD), the Contract Reimbursement Manual (CRM), and the Contract Policy and Information Manual (CPIM). These documents are available on the website at: <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>.

Bidders are required to comply with the Affirmative Action Requirements of Public Law 1975, c. 124 (N.J.A.C. 17:27) and the requirements of the Americans with Disabilities Act of 1991 (P.L. 101-336).

Budgets should be reasonable and reflect the scope of responsibilities in order to accomplish the goals of this project.

All bidders will be notified in writing of the State's intent to award a contract. All proposals are considered public information and will be made available for a defined period after announcement of the contract awards and prior to final award, as well as through the State Open Public Records Act process at the conclusion of the RFP process.

The contract awarded as a result of this RFP is not renewable. Funds may only be used to support services that are specific to this award; hence, this funding may not be used to supplant or duplicate existing funding streams. Actual funding levels will depend on the availability of funds and satisfactory performance.

In accordance with Policy P1.12 available on the web at <http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>, programs awarded pursuant to this RFP will be separately clustered until the DMHAS determines, in its sole discretion, that the program is stable in terms of service provision, expenditures, and applicable revenue generation.

Should service provision be delayed through no fault of the provider, funding continuation will be considered on a case-by-case basis based upon the circumstances creating the delay. In no case shall the DMHAS continue funding when service commencement commitments are not met, and in no case shall funding be provided for a period of non-service provision in excess of three (3) months. In the event that the timeframe will be longer than three (3) months, DMHAS must be notified so the circumstances resulting in the anticipated delay may be reviewed and addressed. Should services not be rendered, funds provided pursuant to this agreement shall be returned to the DMHAS.

The bidder must comply with all rules and regulations for any DMHAS program element of service proposed by the bidder. Additionally, please take note of Community Mental Health Services Regulations, N.J.A.C. 10:37, which apply to all contracted mental health services. These regulations can be accessed at <http://www.state.nj.us/humanservices/providers/rulefees/regs/>.

VI. Written Intent to Apply

Bidders must send an email to RFP.submissions@dhs.nj.gov indicating their agency's intent to submit a proposal by October 24, 2019. Submitting a notice of intent to apply does not obligate an agency to apply. Failure to submit an intent to apply does not disqualify a bidder from applying for this funding opportunity.

Any questions regarding this RFP should be directed via email to RFP.submissions@dhs.nj.gov no later than October 10, 2019. All questions and responses will be compiled and emailed to all those who provided a notice of intent to apply. Bidders are guided to rely upon the information in this RFP and the responses to questions that were submitted by email to develop their proposals. Specific guidance, however, will not be provided to individual applicants at any time.

VII. Required Proposal Content

All bidders must submit a written narrative proposal that addresses the following topics, and adheres to all instructions and includes required supporting documentation noted below:

Funding Proposal Cover Sheet (RFP Attachment A)

Bidder's Organization, History and Experience (15 points)

1. Provide a brief narrative describing the bidder's history, its primary purpose, target population and the number of years of experience. Describe how the bidder's experience and success demonstrate its ability to provide the expected services.
2. For bidder's that are currently receiving funding from DMHAS, please provide an explanation and all relevant documentation regarding any disciplinary action that has been taken against the in the past five years.
3. Provide a statement of need for these services on campus – including qualitative and quantitative information to substantiate the need.
4. Describe the bidder's history and experience in providing substance abuse prevention, treatment and/or recovery services.
5. Provide a description of all active litigation in which the bidder is involved, including pending litigation of which the bidder has received notice. Failure to disclose active or

pending litigation may result in the agency being ineligible for contract award at DMHAS' sole discretion

6. In order to establish a bidder's need for a program of campus-based recovery housing and/or recovery support services, bidders must complete the following grid (using information for the previous academic year (September – May) and include it with their proposal. If the Indicator does not apply, it is to be noted on the grid.

Indicator	Number
Full time undergraduate students	
Part time undergraduate students	
Full time graduate students	
Part time graduate students	
Student deaths due to alcohol/drug use	
Alcohol/drug policy violations	
Alcohol/drug arrests on campus	
Alcohol/drug arrests off campus	
Academic suspensions due to alcohol/drugs	
College infirmary visits due to alcohol/drugs	
Emergency room visits due to alcohol/drugs	
Alcohol poisonings	
Drug overdoses	
Campus vandalism incidents	
Number of students living in on-campus housing	
Students living on campus as a percent of student population	

Project Description (40 points)

1. Describe how the bidder will provide the services outlined in the contract scope of work of this RFP. Include details on how these activities will be conducted on campus.
2. Describe how this project will address the problem of substance abuse on campus and how it will ultimately enhance students' college experience.
3. Describe the bidder's approach to monitoring and evaluating meaningful performance measures related to program outcomes.
4. Describe where and how recovery support services will be provided including academic support services, screening and intervention services, peer support/mentoring, crisis management, relapse prevention and response, training and community education. Describe the bidder's plan to provide access to services, including how individual students will be identified as both eligible for and in need of services. Describe how the institution will ensure that all services related to this project are delivered with an adequate degree of privacy and discretion.

5. If applicable, describe and detail how recovery housing will be provided and publicized, who will be eligible and conditions for retention of housing, including how student relapse will be handled. Describe housing eligibility criteria if recovery housing is to be provided. Describe recovery housing policies and procedures including protection of participants' anonymity and efforts to ensure that program participation is non-stigmatizing. Discuss how the housing will be staffed and the training that will be provided to ensure the availability of qualified personnel, including peer mentors.
6. Describe the substance-free activities that will be available to students in recovery. Describe the efforts and types of substance-free activities that will be undertaken to promote substance-free lifestyles more generally on campus.
7. Provide a detailed description of evidence-based programs that will be utilized in the recovery support components of the program.
8. Describe how the proposed project will address issues of age, race, ethnicity, culture, language, sexual orientation, disability, literacy and gender within your college/university.
9. Describe any foreseen barriers to the implementation of this project and plans to overcome them. At a minimum, be sure to include community, cultural, economic and academic barriers.
10. Describe the program performance assessment plan for recovery support services. Include the institution's strategy to incorporate the use of SAMHSA's NOMs.

Staffing (15 points)

1. Describe the number of key personnel who will be involved with fulfilling the requirements of this RFP, including their qualifications (i.e., professional licensing and related experience). Indicate whether they are current staff or if they are expected to be hired, and include if staff will be bilingual.
2. Attach resumes and copies of credentials of current staff members in an Appendix.
3. Include job descriptions for all key personnel with oversight and involvement in completing the responsibilities of the contract.
4. Describe the institution's organizational structure and provide an organizational chart showing the proposed 'Supporting Students in Recovery Program' in an Appendix.
5. Detail the institution's hiring policies regarding background and credential checks, as well as past criminal convictions.
6. Detail how supervision over clinical staff will be conducted.

Facilities, Logistics, Equipment (10 points)

1. Describe how tangible assets, such as computers and hardware, phones, and other special service equipment will be acquired or allocated for staff and/or students, who may require these services.
2. Describe facilities and equipment required to execute the project. Include in-kind resources, as well as facilities and equipment to be purchased with project funds. Describe where recovery support services will be provided, as well as measures to ensure compliance with HIPAA and 42 CFR requirements.
3. If designating new recovery housing, describe the existing housing facilities to be made available to the project, including the total number of students in recovery who can be served and support services available within the housing component. Include a description of the process to apply for, be accepted into, and continue to receive recovery housing, including eligibility for financial aid or other assistance to subsidize the cost of housing for students in recovery who qualify for assistance.

Budget (20 points)

The DMHAS will consider the cost efficiency of the proposed budget as it relates to the scope of work. Therefore, bidders must clearly indicate how this funding will be used to meet the program goals and/or requirements. In addition to the required Budget forms, bidders are asked to provide budget notes.

The budget should be reasonable and reflect the scope of responsibilities required to accomplish the goals of this project. All costs associated with the completion of the project must be delineated and the budget notes must clearly articulate budget items including a description of miscellaneous expenses and other costs.

This RFP does not support capital costs. However, bidders may request up to 5% of its proposed total budget for this project (up to a maximum of \$13,750) for general maintenance (e.g. interior painting, carpeting) on existing assets that are dedicated exclusively for recovery housing and/or recovery support services (e.g. a recovery lounge). General maintenance funding cap is set by SAMHSA. Narrative justification and maintenance cost estimates should be displayed on the Excel budget template, if applicable.

1. A detailed budget using the Annex B Excel template is required. The Excel budget template will be emailed to those that submit a written intent to apply. The Annex B Excel template must be uploaded as an Excel file onto the file transfer protocol site as instructed in VIII. Submission of Proposal Requirements. Failure to submit the budget as an Excel file will result in a deduction of points. The standard budget categories for expenses include: A. Personnel, B. Consultants and Professionals, C. Materials and Supplies, D. Facility Costs, E. Specific Assistance to Clients, and F. Other. Supporting schedules for Revenue and General and Administrative Costs Allocation are also required. The budget must include two (2) separate, clearly labeled sections:
 - a. Section 1 – Full annualized operating costs to satisfy the scope of work detailed in the RFP and revenues excluding one-time costs; and

- b. Section 2 - Proposed one-time costs, if any, which will be included in Total Gross Costs.
2. Budget Notes that detail and explain the proposed budget methodology and estimates and assumptions made for expenses and the calculations/computations to support the proposed budget are required. The State's proposal reviewers need to fully understand the bidder's budget projections from the information presented in its proposal. Failure to provide adequate information could result in lower ranking of the proposal. Budget Notes, to the extent possible, should be displayed on the Excel template itself.
3. The name and address of each organization – other than third-party payers – providing support and/or money to help fund the program for which the proposal is being submitted.
4. For all proposed personnel, the template should identify the staff position titles and staff names (if allocated from other DMHAS contracted services), and hours per workweek.
5. Identify the number of hours per clinical consultant.
6. Staff fringe benefit expenses, which may be presented as a percentage factor of total salary costs, should be consistent with the bidder's current fringe benefit package.
7. If applicable, General & Administrative (G&A) expenses, otherwise known as indirect or overhead costs, should be included if attributable and allocable to the proposed program. Since administrative costs for existing DMHAS programs reallocated to a new program do not require new DMHAS resources, a bidder that currently contracts with the DMHAS should limit its G&A expense projection to "new" G&A only by showing the full amount of G&A as an expense and the off-set savings from other programs' G&A in the revenue section.
8. Written assurance that if the bidder receives an award pursuant to this RFP, it will pursue all available sources of revenue and support upon award and in future contracts.

Appendices

The following items must be included as appendices with the bidder's proposal, limiting appendices to a total of 50 pages. The failure by the bidder to include any of items 7-10 shall result in disqualification of the proposal.

1. Bidder mission statement;
2. Organizational chart;
3. Job descriptions of key personnel;
4. Resumes of proposed personnel if on staff, limited to two (2) pages each;
5. A description of all pending and in-process audits identifying the requestor, the firm's name and telephone number, and the type and scope of the audit;
6. List of the board of directors, officers and terms;
7. Copy of documentation of the bidder's charitable registration status (www.njconsumeraffairs.gov/charities);
8. Department of Human Services Statement of Assurances (RFP Attachment C);
9. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions (RFP Attachment D);
10. Disclosure of Investment in Iran (www.nj.gov/treasury/purchase/forms.shtml);

11. Statement of Bidder/Vendor Ownership Disclosure
(www.nj.gov/treasury/purchase/forms.shtml); and
12. Original and/or copies of letters of commitment/support.

The documents listed below are also required with the proposal, **unless the bidder has a current contract with the DMHAS and these documents are current and on file with the DMHAS. Audits do not count towards appendices 50 page limit.**

1. Most recent single audit report (A133) or certified statements (submit only two [2] copies); and
2. Any other audits performed in the last two (2) years (submit only two [2] copies).

VIII. Submission of Proposal Requirements

The DMHAS assumes no responsibility and bears no liability for costs incurred by the bidder in the preparation and submittal of a proposal in response to this RFP. The narrative portion of the proposal should not exceed 20 pages, be single-spaced with one (1") inch margins, and no smaller than twelve (12) point Arial, Courier New or Times New Roman font. For example, if the bidder's narrative starts on page 3 and ends on page 23 it is 21 pages long, not 20 pages. The DMHAS will not consider any information submitted beyond the page limit for RFP evaluation purposes.

The budget notes and appendix items do not count towards the narrative page limit. Proposals must be submitted no later than 4:00 p.m. on October 31, 2019. All bidders are required to submit one (1) original and five (5) copies of the proposal narrative, budget and appendices (six [6] total proposal packages) to the following address:

For private delivery vendor such as UPS or FedEx:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
120 South Stockton Street, 3rd Floor
Trenton, NJ 08611

OR

For U.S. Postal Service delivery:

Helen Staton
Department of Human Services
Division of Mental Health and Addiction Services
PO Box 362
Trenton, NJ 08625-362

The bidder may mail or hand deliver its proposal, however, the DMHAS is not responsible for items mailed but not received by the due date. Note that U.S. Postal Service two-day

priority mail delivery to the post office box listed above may result in the bidder's proposal not arriving timely and, therefore, being deemed ineligible for RFP evaluation. The bidder will not be notified that its proposal has been received. The State will not accept facsimile transmission of proposals.

In addition to the required hard copies, the bidder must also submit its proposal (including proposal narrative, budget, budget notes, and appendices) electronically. The proposal must be uploaded as a PDF file and the Excel budget template as an Excel file by the deadline using a file transfer protocol site. Username and password are case sensitive and must be typed exactly as shown below. Once logged in, the upload button is on the upper left side. Upload the proposal and budget files separately, including the bidder's name in both file names. Click on the green check mark in order to submit the files. Once the upload is complete, click the red logout button at the top right of the screen.

Go to: <https://ftpw.dhs.state.nj.us>.

Username - xbpupload

Password - Network1!

Directory - /ftp-dmhas/xbpupload

IX. Review of Proposals

There will be a review process for responsive proposals. DMHAS will convene a review committee of public employees to conduct a review of each proposal accepted for review.

The bidder must obtain a minimum score of 70 points out of 100 points for the proposal narrative and budget sections in order to be considered eligible for funding.

DMHAS will award up to 20 points for fiscal viability, using a standardized scoring rubric based on the audit, which will be added to the average score given to the proposal from the review committee. Thus, the maximum points any proposal can receive is 120 points, which includes the combined score from the proposal narrative and budget as well as fiscal viability.

In addition, if a bidder is determined, in DMHAS' sole discretion, to be insolvent or to present insolvency within the twelve (12) months after bid submission, DMHAS will deem the proposal ineligible for contract award.

Contract award recommendations will be based on such factors as the proposal scope, quality and appropriateness, bidder history and experience, as well as budget reasonableness. The review committee will look for evidence of cultural competence in each section of the narrative. The review committee may choose to visit a bidder's existing program(s), invite a bidder for interview, and/or review any programmatic or fiscal documents in the possession of DMHAS. The bidder is advised that the contract award may be conditional upon final contract and budget negotiation.

DMHAS reserves the right to reject any and all proposals when circumstances indicate that it is in its best interest to do so. DMHAS' best interests in this context include, but

are not limited to, loss of funding, inability of the bidder(s) to provide adequate services, an indication of misrepresentation of information and/or non-compliance with State and federal laws and regulations, existing DHS contracts, and procedures set forth in Policy Circular P1.04 (<http://www.nj.gov/humanservices/olra/ocpm/resources/manuals/>).

DMHAS will notify all bidders of contract awards, contingent upon the satisfactory final negotiation of a contract, by.

X. Appeal of Award Decisions

An appeal of any award decision may be made only by a respondent to this RFP. All appeals must be made in writing and be received by the DMHAS at the address below no later than 4:00 p.m. on November 27, 2019. The written appeal must clearly set forth the basis for the appeal.

Appeal correspondence should be addressed to:

Valerie L. Mielke, Assistant Commissioner
Department of Human Services
Division of Mental Health and Addiction Services
5 Commerce Way
PO Box 362
Hamilton, NJ 08691
Fax: 609-341-2302

Or via email: Helen.Staton@dhs.nj.gov

Please note that all costs incurred in connection with appeals of DMHAS decisions are considered unallowable cost for the purpose of DMHAS contract funding.

The DMHAS will review all appeals and render a final decision by December 4, 2019. Contract award(s) will not be considered final until all timely filed appeals have been reviewed and final decisions rendered.

XI. Post Award Required Documentation

Upon final contract award announcement, the successful bidder(s) must be prepared to submit (if not already on file), one (1) original signed document for those requiring a signature or copy of the following documentation (unless noted otherwise) in order to process the contract in a timely manner, as well as any other contract documents required by DHS/DMHAS.

1. Most recent IRS Form 990/IRS Form 1120, and Pension Form 5500 (if applicable) (submit two [2] copies);
2. Copy of the Annual Report-Charitable Organization (for information visit: http://www.state.nj.us/treasury/revenue/dcr/programs/ann_rpt.shtml);

3. A list of all current contracts and grants as well as those for which the bidder has applied from any Federal, state, local government or private agency during the contract term proposed herein, including awarding agency name, amount, period of performance, and purpose of the contract/grant, as well as a contact name for each award and the phone number;
4. Proof of insurance naming the State of New Jersey, Department of Human Services, Division of Mental Health and Addiction Services, PO Box 362, Trenton, NJ 08625-362 as an additional insured;
5. Board Resolution identifying the authorized staff and signatories for contract actions on behalf of the bidder;
6. Current Agency By-laws;
7. Current Personnel Manual or Employee Handbook;
8. Copy of Lease or Mortgage;
9. Certificate of Incorporation;
10. Co-occurring policies and procedures;
11. Policies regarding the use of medications, if applicable;
12. Policies regarding Recovery Support, specifically peer support services;
13. Conflict of Interest Policy;
14. Affirmative Action Policy;
15. Affirmative Action Certificate of Employee Information Report, newly completed AA 302 form, or a copy of Federal Letter of Approval verifying operation under a federally approved or sanctioned Affirmative Action program. (AA Certificate must be submitted within 60 days of submitting completed AA302 form to Office of Contract Compliance);
16. A copy of all applicable licenses;
17. Local Certificates of Occupancy;
18. Current State of New Jersey Business Registration;
19. Procurement Policy;
20. Current equipment inventory of items purchased with DHS funds (Note: the inventory shall include: a description of the item [make, model], a State identifying number or code, original date of purchase, purchase price, date of receipt, location at the Provider Agency, person(s) assigned to the equipment, etc.);
21. All subcontracts or consultant agreements, related to the DHS contract, signed and dated by both parties;
22. Business Associate Agreement (BAA) for Health Insurance Portability Accountability Act of 1996 compliance, if applicable, signed and dated;
23. Updated single audit report (A133) or certified statements, if differs from one submitted with proposal;
24. Business Registration (online inquiry to obtain copy at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp; for an entity doing business with the State for the first time, it may register at <http://www.nj.gov/treasury/revenue>);
25. Source Disclosure (EO129) (www.nj.gov/treasury/purchase/forms.shtml); and
26. Chapter 51 Pay-to-Play Certification (www.nj.gov/treasury/purchase/forms.shtml).

XII. Attachments

Attachment A – Proposal Cover Sheet

Date Received

**STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES**
Division of Mental Health and Addiction Services
Proposal Cover Sheet

Name of RFP: **Recovery Housing and/or Recovery Supports on College Campuses**

Incorporated Name of Bidder: _____

Type: Public _____ Profit _____ Non-Profit _____ Hospital-Based _____

Federal ID Number: _____ Charities Reg. Number (if applicable) _____

DUNS Number: _____

Address of Bidder: _____

Chief Executive Officer Name and Title: _____

Phone No.: _____ Email Address: _____

Contact Person Name and Title: _____

Phone No.: _____ Email Address: _____

Total dollar amount requested: _____ Fiscal Year End: _____

Funding Period: From _____ to _____

Total number of unduplicated consumers who can access dedicated recovery housing, if applicable: _____

Total number of unduplicated consumers to be served with recovery supports: _____

County in which services are to be provided: _____

Brief description of services by program name and level of service to be provided:

Authorization: Chief Executive Officer (printed name): _____

Signature: _____ Date: _____

Attachment B – Addendum to RFP for Social Service and Training Contracts

STATE OF NEW JERSEY DEPARTMENT OF HUMAN SERVICES

ADDENDUM TO REQUEST FOR PROPOSAL FOR SOCIAL SERVICE AND TRAINING CONTRACTS

Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

As used in this document, "provider agency" or "provider" means any person, firm, corporation, or other entity or representative or employee thereof that offers or proposes to provide goods or services to or performs any contract for the Department of Human Services.

In compliance with Paragraph 3 of Executive Order No. 189, no provider agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such provider agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any provider agency shall be reported in writing forthwith by the provider agency to the Attorney General and the Executive Commission on Ethical Standards.

No provider agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such provider agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No provider agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No provider agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the provider agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with provider agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Attachment C – Statement of Assurances

Department of Human Services Statement of Assurances

As the duly authorized Chief Executive Officer/Administrator, I am aware that submission to the Department of Human Services of the accompanying application constitutes the creation of a public document that may be made available upon request at the completion of the RFP process. This may include the application, budget, and list of applicants (bidder's list). In addition, I certify that the applicant:

- Has legal authority to apply for the funds made available under the requirements of the RFP, and has the institutional, managerial and financial capacity (including funds sufficient to pay the non-Federal/State share of project costs, as appropriate) to ensure proper planning, management and completion of the project described in this application.
- Will give the New Jersey Department of Human Services, or its authorized representatives, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with Generally Accepted Accounting Principles (GAAP). Will give proper notice to the independent auditor that DHS will rely upon the fiscal year end audit report to demonstrate compliance with the terms of the contract.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain. This means that the applicant did not have any involvement in the preparation of the RFP, including development of specifications, requirements, statement of works, or the evaluation of the RFP applications/bids.
- Will comply with all federal and State statutes and regulations relating to non-discrimination. These include but are not limited to: 1) Title VI of the Civil Rights Act of 1964 (P.L. 88-352; 34 CFR Part 100) which prohibits discrimination based on race, color or national origin; 2) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794; 34 CFR Part 104), which prohibits discrimination based on handicaps and the Americans with Disabilities Act (ADA), 42 U.S.C. 12101 et seq.; 3) Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et. seq.; 45 CFR part 90), which prohibits discrimination on the basis of age; 4) P.L. 2975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et. seq.) and associated executive orders pertaining to affirmative action and non-discrimination on public contracts; 5) federal Equal Employment Opportunities Act; and 6) Affirmative Action Requirements of PL 1975 c. 127 (NJAC 17:27).
- Will comply with all applicable federal and State laws and regulations.
- Will comply with the Davis-Bacon Act, 40 U.S.C. 276a-276a-5 (29 CFR 5.5) and the New Jersey Prevailing Wage Act, N.J.S.A. 34:11-56.27 et seq. and all regulations pertaining thereto.
- Is in compliance, for all contracts in excess of \$100,000, with the Byrd Anti-Lobbying amendment, incorporated at Title 31 U.S.C. 1352. This certification extends to all lower tier subcontracts as well.

- Has included a statement of explanation regarding any and all involvement in any litigation, criminal or civil.
- Has signed the certification in compliance with federal Executive Orders 12549 and 12689 and State Executive Order 34 and is not presently debarred, proposed for debarment, declared ineligible, or voluntarily excluded. The applicant will have signed certifications on file for all subcontracted funds.
- Understands that this provider agency is an independent, private employer with all the rights and obligations of such, and is not a political subdivision of the Department of Human Services.
- Understands that unresolved monies owed the Department and/or the State of New Jersey may preclude the receipt of this award.

Applicant Organization

Signature: CEO or equivalent

Date

Typed Name and Title

6/97

Attachment D - Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

READ THE ATTACHED INSTRUCTIONS BEFORE SIGNING THIS CERTIFICATION. THE INSTRUCTIONS ARE AN INTEGRAL PART OF THE CERTIFICATION.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by an Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Signature

Date

This certification is required by the regulations implementing Executive order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510.

**Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of facts upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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03/06/2019 04:00:17 PM
Cure Subscriber <jkelly@co.ocean.nj.us>
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October 1, 2019



County officials tour border, see immigration practices firsthand

Giving county officials a first-hand look at the immigration process is the first step toward advocating for meaningful reforms to the system.

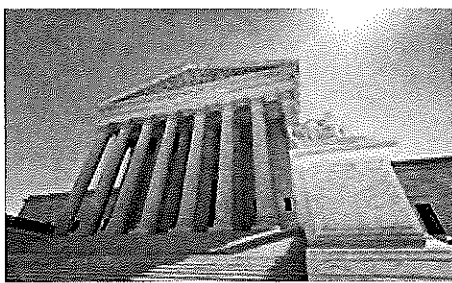
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Supreme Court to examine local government issues

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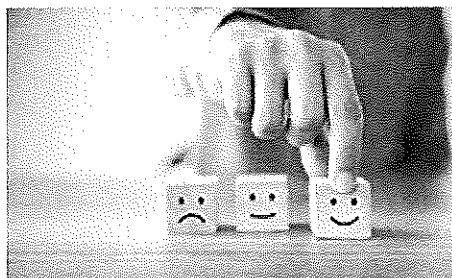
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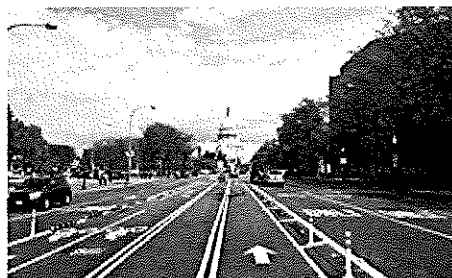
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Senate Appropriations Committee, House pass appropriations bills.

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Digital Coast Act passes out of House committee

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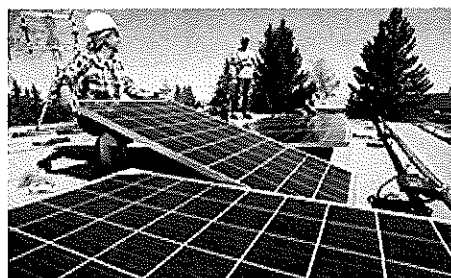
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Upcoming Events

OCT
8

MEETING

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Oct. 8–9 | Washington, D.C.

OCT
10

WEBINAR

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2 p.m. – 3:15 p.m. EDT

OCT
10

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Oct. 10–12 | Essex County, N.Y.

OCT
29

WEBINAR

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NOV
6

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NOV
21

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DEC
5

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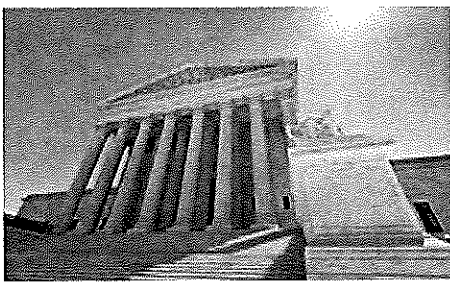
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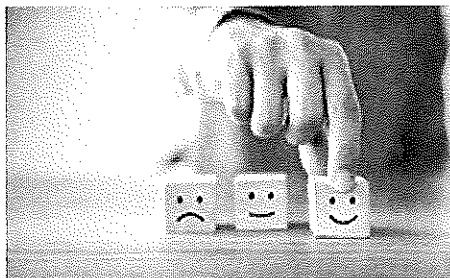
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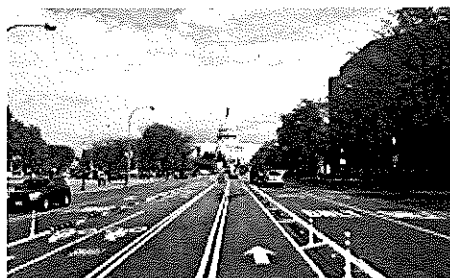
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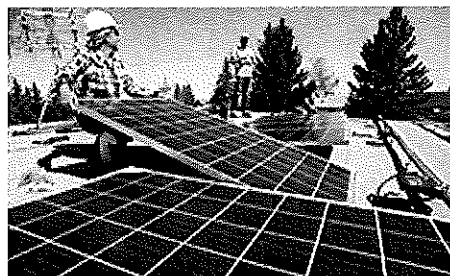
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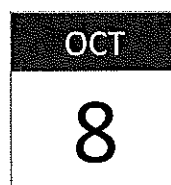
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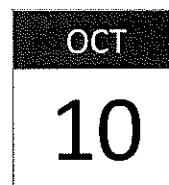
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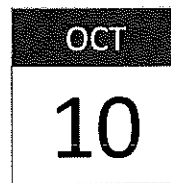
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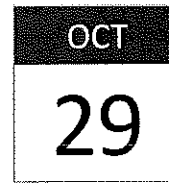
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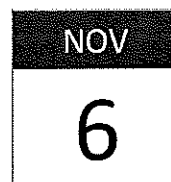
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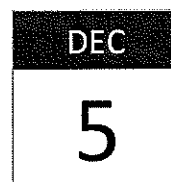
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BCc: cjinotti@co.ocean.nj.us; ocinfo@co.ocean.nj.us

Subject: Daryl Strawberry

go to Daryl Strawberry, marijuana, average joe, dealing with issues, to get life into perspective, if you already know it all, do not bother.....

From: mary anne radosti <mareradosti@gmail.com>
Sent time: 09/18/2019 12:05:18 PM
To: FreeholderVicari@co.ocean.nj.us
BCc: cbove@co.ocean.nj.us; ocinfo@co.ocean.nj.us
Subject: Disability for my son!

Dear Mr. Vicari, My son was in the school system and i believe you were principal. It was a rough journey for him. He was adopted and his parents were on drugs and alcohol. He was diagnosed with ADD, as most children. He was pushed through in high school! In his senior year it was mentioned he might have mental illness! The attitude of teachers made Hi n worse. His father passed from Brain Cancer in 2011, and his illness increased. We applied for disability! He was rejected because of marijuana in his system, and because he is a good looking man. Now he is in medical marijuana, not able to work and needs to pay for his medication. Is there no one to help? Thank you for any assistance you may be able to give. MaryAnne Radosti

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Sent time: 01/10/2019 11:00:39 AM

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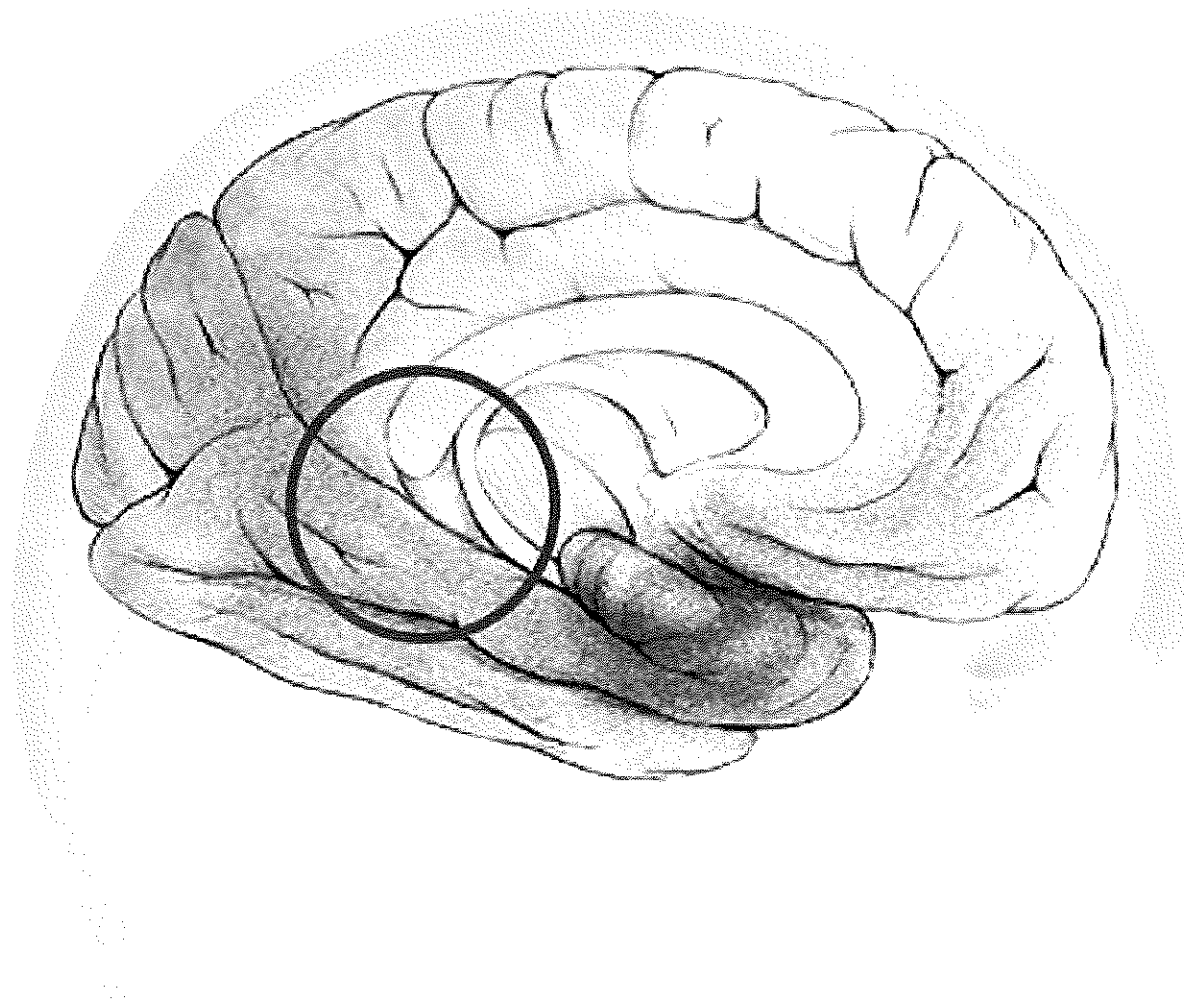
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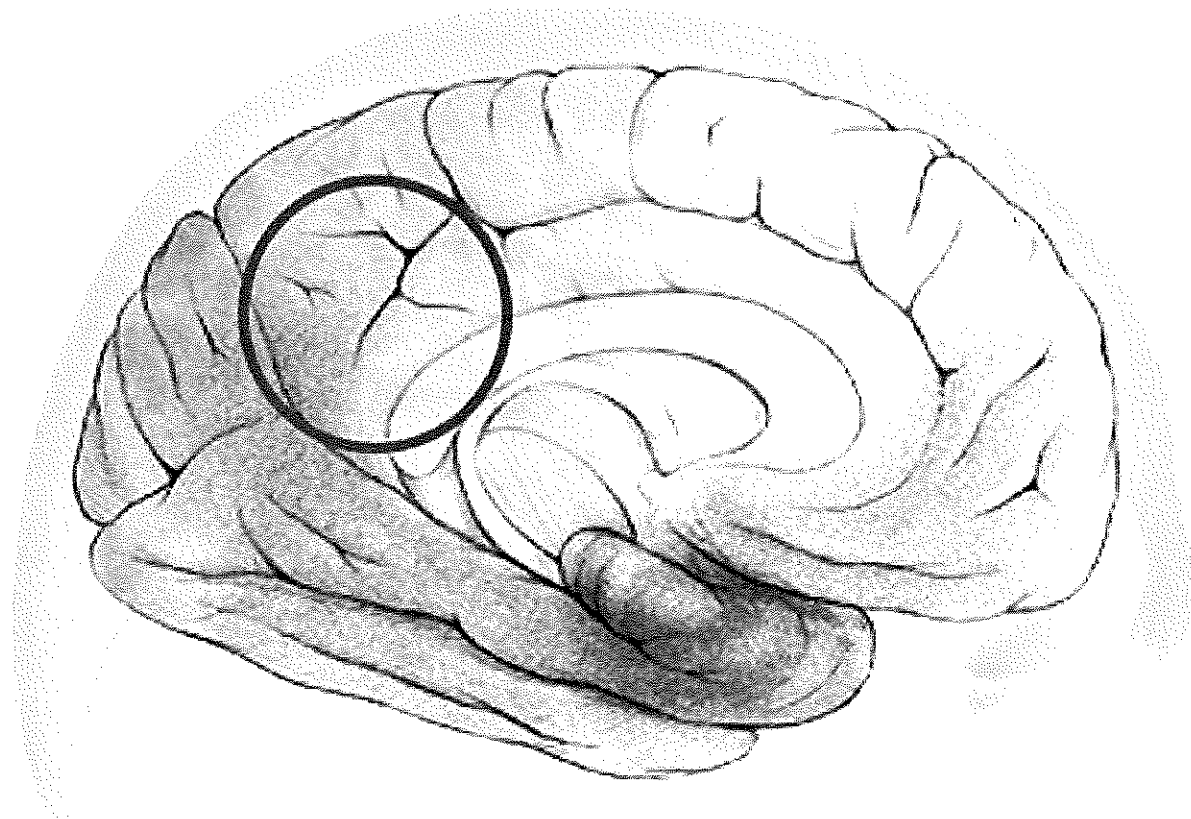
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Editors, Mayors, Legislators, watch Doc Gooden on "you tube" talk "curveball" and "cocaine".....he tells it like it is.....

100,000 teens are in rehab every day in the USA , we need to make that zero.....that will never happen with legal pot.....

pot is downright evil because of what it can lead to ,other drugs, selling, stealing, DUI, DWI, suicide, drop out, felonies, misdemeanors. lower IQ and SAT





Marijuana's Effects on the Brain

HYPOTHALAMUS

Controls appetite, hormonal levels and sexual behavior

BASAL GANGLIA

Involved in motor control and planning, as well as the initiation and termination of action

VENTRAL STRIATUM

Involved in the prediction and feeling of reward

AMYGDALA

Responsible for anxiety, emotion and fear

BRAIN STEM AND SPINAL CORD

Important in the vomiting reflex and the sensation of pain

NEOCORTEX

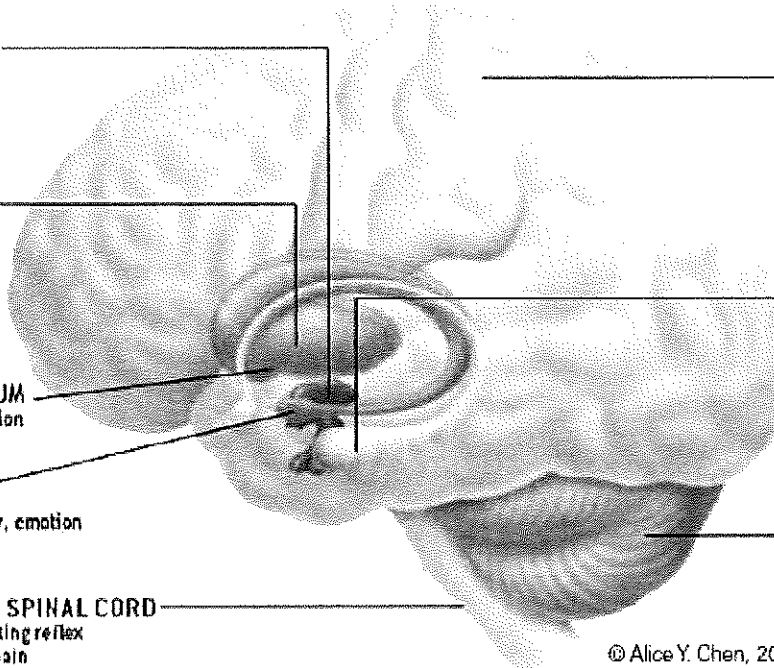
Responsible for higher cognitive functions and the integration of sensory information

HIPPOCAMPUS

Important for memory and the learning of facts, sequences and places

CEREBELLUM

Center for motor control and coordination



© Alice Y. Chen, 2004. Adapted from *Scientific American*.

When marijuana is smoked, its active ingredient, THC, travels throughout the body, including the brain, to produce its many effects. THC attaches to sites called cannabinoid receptors on nerve cells in the brain, affecting the way those cells work. Cannabinoid receptors are abundant in parts of the brain that regulate movement, coordination, learning and memory, higher cognitive functions such as judgment, and pleasure.

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More American high school students smoke pot than binge drink, report says

By [Perry Stein](#) August 1, 2016 [Email the author](#) [Follow @perrystein](#)

Rica Madrid poses for a photograph as she rolls a joint in her home on the first day of legal possession of marijuana for recreational purposes in Washington. (Alex Brandon/AP)

If you ask an American high school students whether they have participated in binge drinking or used marijuana in the past 30 days, the students are more likely to say they consumed marijuana, [according to a new report](#).

And if you ask D.C. high school students whether they've used marijuana in the past 30 days, 32 percent of them would say "yes" — the highest rate in the country, according to the report from Project Know, a website that connects people to alcohol and drug addiction treatment resources.

The report culled data from state and national agencies to determine drug usage rates in each state and the District. In 2014, the Department of Health and Human Services released data showing that drug and alcohol use among high school teens has dropped steadily over the past decade, with the rate of regular alcohol use among those ages 12 to 17 declining from 17.6 to 11.6 percent between 2002 and 2013. The rate of marijuana usage, despite legalization in some states, also declined.

[Teen drug and alcohol use continues to fall, new federal data show]

So just how much are high school students drinking and smoking?

Here are the five jurisdictions with the highest percentage of high school students who report smoking marijuana in the past 30 days:

1. D.C., 32.2 percent
2. New Mexico, 27.8 percent
3. Washington, 26.7 percent
4. Connecticut, 26 percent
5. Vermont 25.7 percent

Here are the five states with the highest percentage of high school students who reported binge drinking in the past 30 days:

1. West Virginia, 24.4 percent
2. Montana, 23.5 percent
3. New Jersey, 23 percent
4. Iowa, 23 percent
5. Arkansas 22.9 percent

The District, which had the highest marijuana usage rate, had the second-lowest binge-drinking rate — 12 percent — and the lowest rate for prescription drug abuse, at 7.3 percent. New Mexico high school students had the highest rate of cocaine usage in the past 30 days, at 10.3 percent, and Arkansas had the highest rate of prescription drug usage, at 21.5 percent.

Project Know didn't provide an explanation as to why D.C. had such a high marijuana usage rate, although states along the coasts and some Southwest and Midwest states generally had higher marijuana use rates than binge-drinking rates. The District is an urban area, and because the report only looked at states, it's hard to see how drug usage among high-schoolers in the District stacks up against drug usage in other cities.

The report used data from before marijuana was legalized in the District, so no link between the D.C. marijuana law — which makes it legal for adults 21 and older to possess or consume marijuana — can be drawn to teenage usage rates. Furthermore, a [recent study](#) looked at rates of marijuana use among Colorado's teenagers since it was legalized there in 2012, and found that marijuana use is essentially unchanged among teenagers.

Read the full report [here](#).

Comments

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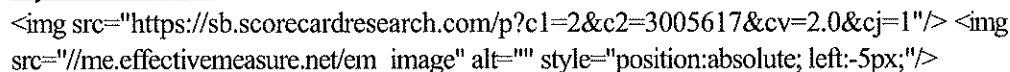
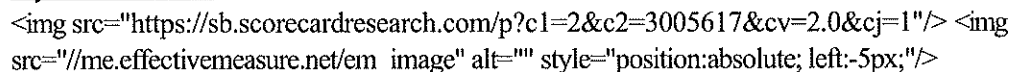
 



Exhibit Book
Corporate Governance Committee Meeting
12/16/2015

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Metropolitan Transportation Authority

**MTA and its Agencies Policies Requiring Board Approval
Pursuant to Public Authorities Law Section 2824**

MTA Headquarters

THE

METROPOLITAN

TRANSPORTATION

AUTHORITY

FEDERAL SUBSTANCE

ABUSE POLICY

I. POLICY STATEMENT

As discussed in more detail in this Policy, the Metropolitan Transportation Authority ("MTA") is fully committed to operating and maintaining an alcohol and drug-free workplace to provide a safe environment for employees of the MTA who, as part of their job duties, carry a firearm for security purposes ("Members") and other employees of the MTA and the customers they serve.

The purpose of this Policy is to explain the responsibilities of all Members to maintain a drug- and alcohol-free workplace and to comply with applicable laws and MTA rules, as they may be amended. This Policy also describes the resources available to Members with drug and/or alcohol problems and explains the MTA's commitment to encourage voluntary treatment before a Member's substance use compromises his or her or other's safety or jeopardizes the Member's continued employment with the MTA. This Policy also explains the circumstances and the manner in which the MTA may conduct drug and/or alcohol testing of Members in compliance with applicable laws and MTA rules. The MTA will follow the procedures set forth in 49 CFR Parts 40 and 655, unless otherwise stated herein.

The highlights of this Policy are set forth below.

A. Designated Employer Representative

The MTA has designated the responsibility for answering questions about this Policy to Assistant Deputy Chief John D'Agostino, MTA Police Department, Commanding Officer – Support Services Division, 347 Madison Avenue, 3rd Floor, New York, NY 10017. Such questions should be made in writing at the above address.

B. Covered Employees and Prohibited Conduct

This Policy applies to all employees of the MTA who, as part of their job duties, carry a firearm for security purposes ("Members"). A list of those job titles that are covered for purposes of this Policy is attached as Exhibit A.

As discussed more fully in this Policy, the following conduct is prohibited:

1. Reporting to work if under the influence of drugs or alcohol.
2. Using, manufacturing, distributing, selling, dispensing, possessing or using any controlled substances at any time, whether on or off duty, unless medically authorized in the manner set forth in the Policy. Under MTA Authority, a member may, however, possess controlled substances if required in the course of his or her duties.

3. Reporting to work if the Member has consumed alcohol within four hours of his or her duty time. If a Member is on-call, the Member may not consume alcohol during his or her specified on-call hours.
4. Possessing or consuming alcohol in the work place and consuming alcohol during work hours, including meal and break periods, unless such use is required in the course of his or her official duties, consistent with Police Department procedures.
5. Refusing to cooperate or intentionally interfering with the MTA's efforts to enforce this Policy, including but not limited to refusing to submit to a drug and/or alcohol test, leaving the scene of an accident prior to the administration of a drug and/or alcohol test required by the Policy or federal regulations, or tampering with the integrity of a breath or urine sample in connection with such tests or disclosing to an unauthorized person information relating to random drug and/or alcohol testing. A Member's inability to provide sufficient breath to complete an alcohol breath test or sufficient urine to complete a drug test, without an acceptable medical explanation for such inability, also constitutes a refusal.
6. Consuming alcohol for eight hours or until the employee undergoes a post-accident alcohol test following an accident, where the employee is required to take a post-accident alcohol test under this Policy.

C. How and When Testing May Occur

The MTA will perform drug and alcohol testing of Members consistent with the procedures in 49 C.F.R. Part 40 -- "Procedures for Transportation Workplace Drug and Alcohol Testing Programs." Such testing procedures provide for, among other things, urine testing for the presence of narcotics, depressants, stimulants, hallucinogens and cannabis; the use of nationally-certified drug testing laboratories for urine screening; specific training requirements for the collectors of both urine and breath samples; the use of split samples in urine collections; the use of specific chain of custody methods for urine collections; the use of confirmatory tests for both urine and breath samples; and confirmation of a positive drug test result by a certified Medical Review Officer.

A covered employee may be randomly tested while on duty anytime for prohibited use of the five Controlled Substances defined in Section IV of this Policy: Cocaine, phencyclidine ("PCP"), amphetamines, marijuana, and opiates.

Drug and/or alcohol testing will be conducted (1) pre-employment, including after an absence from work of 90 consecutive days or more, (2) where there is reasonable suspicion, (3) randomly, (4) post-accident, (5) upon return to duty after a positive test, and (6) as a follow-up after return to duty. Members, by accepting or continuing employment, are deemed to have consented to drug and alcohol testing pursuant to this Policy and must submit to testing under federal law.

D. **Consequences for Engaging in Prohibited Conduct**

A Member violating or suspected of violating any of the prohibitions in this Policy may be subjected to any or all of the following: (1) drug and/or alcohol testing, (2) removal from his or her safety-sensitive position, and (3) administrative or disciplinary action up to and including dismissal. A Member will be considered to have failed an alcohol test if his or her Breath Alcohol Concentration is .04 or higher. MTA will remove such a Member from his or her position and refer him or her to a substance abuse professional. A Member with a Blood Alcohol Concentration of .02 or greater but less than .04 will be removed from his or her position. A Member will be considered to have failed a drug test if he or she has a verified positive urine test result. MTA may, in any event and under its own authority, dismiss any Member who violates this Policy. MTA may take such action under its own authority with or without conducting drug or alcohol testing.

E. **Testing Performed by MTA**

MTA may perform drug and alcohol testing not specifically required under the federal regulations. Such testing may include but is not limited to that required by the States of New York and Connecticut for qualification of individuals to police officer positions. Any such testing will be performed under the MTA's authority and not pursuant to federal law.

Specifically, drug testing required by FTA includes only testing for five controlled substances: Cocaine, phencyclidine ("PCP"), amphetamines, marijuana, and opiates. MTA may conduct testing for additional substances, but if such testing occurs, it is conducted under MTA's own authority and not under FTA authority or pursuant to FTA regulations.

F. **Rehabilitative Resources**

MTA makes several resources available to Members experiencing difficulties with drug and/or alcohol use. These resources are outlined in detail in this Policy. Members are encouraged to seek the assistance of the MTA's Employee Assistance Program before their job performance deteriorates or the illness affects the safe performance of their job.

II. GENERAL GUIDELINES

- A. Members must comply with all laws, agreements, rules, policies and regulations applicable to their employment, including but not limited to the collective bargaining agreement between the MTA and the Police Benevolent Association ("the PBA Agreement"), and must at all times satisfy the performance standards applicable to their employment.
- B. **The MTA states expressly that nothing in this Policy prohibits it from taking administrative or disciplinary action, up to and including dismissal, and under its own authority, with or without conducting drug and/or alcohol testing, when there is a violation of, or reasonable cause to believe that there is a violation of, this Policy. The MTA also states expressly that this Policy does not create a contract, promise or contractual right, express or implied. The MTA reserves the right to change this Policy in whole or in part at any time.**

III. SCOPE

This Policy applies to all Members of the MTA's Police Department. Compliance with this Policy is a condition of employment. Consent to drug and/or alcohol testing pursuant to this Policy is implied by accepting or continuing employment.

IV. DEFINITIONS

A. Substances

- 1. Alcohol: The intoxicating agent in beverage alcohol, ethyl alcohol, or other low molecular weight alcohols including methyl or isopropyl alcohol.
- 2. Controlled Substances: FTA regulations require drug testing for the following five controlled substances: Cocaine, phencyclidine ("PCP"), amphetamines, marijuana, and opiates.
- 3. Drug: Any substance other than alcohol that has known mind or function-altering effects on humans, including but not limited to, controlled substances.
- 4. Intoxicant: Any agent that produces intoxication, such as a drug or toxic substance or alcoholic beverages.

5. Over-the-counter drug: Medication that does not require a prescription and that can be purchased from pharmacies or other retail establishments.
6. Prescription drug: Medication prescribed by licensed medical personnel or dentists for a specific course of treatment.

B. Personnel Classifications

1. Designated Employer Representative: An employee authorized by the employer to take immediate action(s) to remove employees from safety-sensitive duties, or causes employees to be removed from these covered duties, and to make required decisions in the testing and evaluation processes.
2. Members: Employees of the MTA Police Department who perform a safety-sensitive function and who are required to comply with this Policy and with the alcohol and drug prohibitions and provisions in 49 C.F.R. Part 655 of the Federal Transit Administration ("FTA") regulations. This category includes positions, both represented and non-represented, requiring the Member to carry a firearm for security purposes.
3. Medical Review Officer ("MRO"): A licensed physician who receives laboratory results produced by the laboratory retained by the MTA to evaluate drug and/or alcohol tests, who has knowledge of substance abuse disorders, and who has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with his or her medical history and any other relevant biomedical information.
4. Substance Abuse Professional ("SAP"): A licensed physician, or a licensed or certified psychologist, social worker, marriage and family counselor, employee assistance professional, or addiction counselor with knowledge of and clinical experience in the diagnosis and treatment of alcohol- and drug-related disorders.
5. Supervisor: Any employee of the MTA who is responsible for supervising or monitoring the conduct or performance of one or more Members. This definition includes both represented and non-represented Supervisors.

C. Testing

1. Post-Accident: A drug and/or alcohol test administered following an accident as defined in Section VI(D)(1) of this Policy.
2. Pre-Employment: A drug test administered to all Members no more than 90 days before they commence or resume performing safety-sensitive duties for the MTA.
3. Reasonable Suspicion: When a Supervisor believes that a Member has used a prohibited drug and/or engaged in alcohol misuse. The suspicion must be based upon specific, contemporaneous, articulable observations of the appearance, behavior, speech or body odors of the Member.
4. Verified Positive Test Result:
 - a. For a drug test, a test result that was positive on an initial immunoassay test, confirmed by a gas chromatography/mass spectrometry assay and reviewed and verified as positive by a MRO in accordance with the procedures set forth in 49 C.F.R. Part 40 - "Procedures for Transportation Workplace Drug and Alcohol Testing Programs."
 - b. For an alcohol breath test, an initial breath test performed on a Department of Transportation - approved "Evidential Breath Testing" device, with a result of **.04%** or higher, confirmed by a second breath test with a reading of **.04%** or higher.
5. Return to Duty: A test administered to a Member who has refused a test, received a verified positive drug test result, or a confirmed alcohol test result of .02 or more prior to resuming to safety-sensitive duties.
6. Follow-Up: Unannounced drug and/or alcohol testing of a Member who has been returned to service following a violation of this Policy as deemed necessary by the SAP. The number and duration of follow-up testing must be no fewer or shorter than the minimum requirements set forth in the regulations issued by the FTA.
7. Random: Unannounced and unpredictable drug and/or alcohol testing of a percentage of Members as governed by

the FTA. Members are placed in a pool and are selected for testing by a scientifically-valid method.

D. Resources

1. Employee Assistance Program ("EAP"): A confidential counseling program provided by the MTA where counselors (SAPs in the case of a Member who has failed or refused a drug and/or alcohol test) qualified by experience, education, and training counsel persons affected by alcohol and/or substance abuse problems and evaluate their progress in recovering from such problems.
2. Substance Awareness Training: A training course given by MTA and required for all Members which provides instruction on the effects and consequences of prohibited drug use on personal health, safety, and the work environment, and on the signs and symptoms that may indicate prohibited drug use. In addition, Supervisors shall receive training on the physical, behavioral, and performance indicators of probable drug and alcohol misuse.
3. Code of Federal Regulations (CFR): The Regulations issued by the United States Department of Transportation, 49 CFR 40, and the Federal Transit Administration, 49 CFR 655, are available for employees to review in the Internal Affairs Bureau by appointment. These regulations are also available via the Internet at:
<http://www.dot.gov/ost/dapc/regulations.html>

V. POLICY

It is the Policy of the MTA to maintain a drug- and alcohol-free workplace. To this end, all sites at which MTA business is conducted, including MTA vehicles used for business purposes, are to be drug- and alcohol-free workplaces. Drug and/or alcohol testing may be performed to ensure compliance with this Policy and with applicable federal regulations. The circumstances when testing may occur are defined in Section VI of this Policy.

A. Early Intervention, Treatment and Rehabilitation Resources

The MTA recognizes that alcoholism and drug dependency are treatable illnesses and that the likelihood of successful rehabilitation is substantially increased by early detection and treatment. Therefore, Members are encouraged to voluntarily seek confidential assistance through the EAP by self-referral **before**

their job performance deteriorates or the illness affects the safe performance of their job and **before** being charged with a violation of this Policy or of federal or state law.

The MTA complies with all applicable laws concerning reasonable accommodation for treatment and provides the following resources to Members to encourage voluntary and early treatment:

1. EAP: A Member may seek the confidential services of the EAP regarding his or her use of controlled substances or alcohol.
2. Health Insurance Benefits: The MTA's group health insurance plans include coverage for alcohol and/or drug abuse treatment.
3. Substance Awareness Training: A training program in substance awareness for Members and Supervisors.
4. Leaves of Absence: Pursuant to the PBA collective bargaining agreement, the MTA's Family and Medical Leave Policy or other applicable policies, the Member may request and the MTA may approve a leave of absence for purposes of rehabilitation for drug or alcohol misuse. Nothing in this Policy requires the MTA to offer a Member a leave of absence in lieu of taking immediate administrative and/or disciplinary action, up to and including dismissal.

B. Performance Requirements

1. The MTA will hold any Member who engages in the illegal use of drugs or who suffers from an alcohol use disorder to the same qualification standards for employment or job performance and behavior (such as attendance) to which the MTA holds its other Members, even if unsatisfactory performance, behavior, or rule or Policy infractions are related to the Member's drug and/or alcohol use.
2. Past or present involvement in a rehabilitation program, the EAP, or with other treatment practitioners cannot serve as a defense nor mitigate the circumstances of alleged violations of MTA rules, policies or laws, including but not limited to rules applicable to the MTA Police Department.

C. Prohibited Conduct

1. All Members are prohibited from reporting to work if they are under the influence of drugs or alcohol.

2. All Members are prohibited from illegally manufacturing, distributing, selling, dispensing, possessing or using any controlled substances or illegal drug paraphernalia, on or off duty, on or off MTA property. Members may, however, possess controlled substances or illegal drug paraphernalia in the course of taking official police action consistent with Police Department procedures, including, but not limited to, performing undercover assignments or seizing evidence during an arrest. Members are prohibited from using any controlled substance at any time, whether on or off duty, unless medically authorized as described in paragraph 5 of this section.
3. Members are prohibited from reporting to work if they have consumed alcohol within four hours of their duty time. If a Member is on-call, the Member may not consume alcohol during the specified on-call hours. A Member must, however, advise his or her immediate Supervisor immediately upon being called to report to duty if the Member is unable to perform his or her job. The Member must take an alcohol test if he or she has acknowledged using alcohol but claims to be able to perform his or her job. Notwithstanding these provisions, the MTA, under its own authority, may take administrative or disciplinary action against a Member under these circumstances, up to and including dismissal.
4. All Members are prohibited from possessing or consuming alcohol in the workplace and from consuming alcohol during work hours, including meal and break periods, unless such use is required in the course of taking official police action consistent with Police Department procedures, including, but not limited to, performing undercover assignments or seizing evidence during an arrest. However, in no case may a Member's alcohol concentration equal .02 or greater while on duty.
5. Prescription or Over-the-Counter Drugs: Members may use prescription or over-the-counter drugs while performing safety-sensitive duties if (1) such use is brought to the attention of the MRO by the Member at least two hours before reporting to duty or as soon as is practicable and (2) if the drug is a prescription drug, the drug is prescribed or authorized by a medical practitioner who has determined that such use will not affect the Member's job performance. Prior to the Member submitting such a note, in order to work, the Member must certify that the drug will not affect

his or her job performance. The MRO or his or her designee will then determine whether use of the substance as prescribed is consistent with the safe performance of the Member's duties. The determination of the MRO or his or her designee is final and binding.

6. All Members are prohibited from refusing to cooperate or from intentionally interfering with the MTA's efforts to enforce this Policy or related federal regulations, including but not limited to refusing to submit to a drug and/or alcohol test conducted pursuant to this Policy or federal regulations, leaving the scene of an accident before post-accident drug and/or alcohol testing required by this Policy or federal regulations has been conducted, tampering with the integrity of a breath or urine sample in connection with such tests, or disclosing to an unauthorized person the identity of a Member selected for random testing or the location, time or date for such testing.

7. Refusal to Test

- a. The following conduct constitutes a refusal to take a drug test: (1) failure to appear for any test within a reasonable time after being directed to do so by the employer (except for pre-employment tests); (2) failure to remain at the testing site until the testing process is complete; (3) failure to provide a urine specimen; (4) failure to permit observation or monitoring of provision of a urine specimen when authorized by the federal regulations; (5) failure to provide a sufficient amount of urine when directed and it has been determined, through a medical evaluation, that there was no adequate medical explanation for the failure; (6) failure or declining to take an additional test as directed by the MTA or collector; (7) failure to undergo a medical examination, as directed by the MRO or DER, as part of the verification process or "shy bladder" procedures; (8) failure to cooperate with any part of the testing process; (9) for an observed collection, failure to follow the observer's instructions to raise your clothing above the waist, lower clothing and underpants, and to turn around to permit the observer to determine if you have any type of prosthetic or other device that could be used to interfere with the collection process; (10) possess or wear a prosthetic or other device that could be used to interfere with the collection process; (11) your admission to the collector or MRO that you adulterated or substituted the specimen; or (12) a verified adulterated or substituted test result reported by the MRO.

b. The following conduct constitutes a refusal to take an alcohol test: (1) failure to appear for any test within a reasonable time after being directed to do so; (2) failure to remain at the testing site until the testing process is complete; (3) failure to provide an adequate amount of breath for a test; (4) failure to provide a sufficient breath specimen and a physician has determined, through a medical evaluation, that there was no adequate medical explanation for the failure; (5) failure to undergo a medical examination as directed by the MTA as part of the "insufficient breath procedures" in the federal regulations; (6) failure to sign the certification at Step 2 of the DOT Alcohol Testing Form; (7) failure to cooperate with any part of the testing process; or (8) a verified adulterated or substituted test result reported by the MRO.

D. Consequences of Engaging in Prohibited Conduct

1. A Member suspected of violating any of the prohibitions set forth in this Policy may be subject to (a) drug and/or alcohol testing as defined in this Policy, and/or (b) removal from his or her safety-sensitive position, and/or (c) administrative and/or disciplinary action up to and including dismissal, under the authority of the MTA.
2. A Member will be considered to have failed an alcohol test if his or her Breath Alcohol Concentration is .04 or higher. A Member will be removed from his or her position if his or her Blood Alcohol Concentration is .02 or higher. A Member will be considered to have failed a drug test if he or she has a verified positive urine test result.
3. A Member who has a verified positive drug test result or a confirmed alcohol test result of .04 Breath Alcohol Content (BAC) or greater, or refuses to submit to a required test shall be subject to the following consequences:
 - a. The Member shall immediately cease performing safety-sensitive functions per 49 CFR Part 655.
 - b. The Member shall be disciplined by the MTA, acting under its own authority, in accordance with the Memorandum of Understanding between the MTA and the MTA Police Benevolent Association (PBA) dated November 12, 2002 and attached to this policy as Exhibit B, and any amendments thereto.

- c. The MTA shall refer the Member to a SAP regardless of whether or not his or her employment is terminated in accordance with 49 CFR §655.62.
 - d. A Member allowed by the MTA to return to safety-sensitive functions shall be required to pass a drug and/or alcohol test before returning to his or her position. In addition, the Member will be subject to unannounced follow-up drug and/or alcohol testing as directed by the SAP. The number and duration of follow-up testing must be no fewer or shorter than the minimum requirements set forth in the regulations issued by the FTA.
- 4. A Member with a confirmed positive result of between .02 BAC and less than a .04 BAC shall be subject to the following consequences:
 - a. The Member shall immediately cease performing safety-sensitive functions per 49 CFR Part 655.
 - b. The Member shall be disciplined by the MTA, acting under its own authority, in accordance with the Memorandum of Understanding between the MTA and the MTA Police Benevolent Association (PBA) dated November 12, 2002 and attached to this Policy as Appendix A, and any amendments thereto.
 - c. The Member may return to safety-sensitive functions at the start of the employee's next regularly scheduled duty period, but not less than eight hours after the confirmed test, unless the employee's alcohol concentration measures less than .02 BAC on a retest. Discipline assessed by the MTA, under its own authority, may delay or negate the return of a Member to safety-sensitive duties.
- 5. In accordance with the Drug-Free Workplace Act of 1988, a Member convicted of violating a criminal drug statute in the workplace or anywhere else must report the conviction to the Chief of Police or his or her designee within five days of the conviction. Members convicted of violating a criminal drug

statute or who fail to report such conviction may be subject to disciplinary and/or administrative action, up to and including dismissal.

6. Members may be subject to administrative and/or disciplinary action, up to and including dismissal, should the MTA receive notice of off-duty misconduct relating to alcohol and/or drug abuse (e.g., a drug or alcohol-related conviction) or the Member's illegal manufacturing, distribution, dispensing or possession of controlled substances, under the authority of the MTA.

E. Drug and Alcohol Testing

Subject to federal regulations, nothing in this Policy requires the MTA to conduct drug and/or alcohol testing before taking administrative and/or disciplinary action, up to and including dismissal, for a violation of this Policy, under MTA's own authority.

All Members are subject to drug and/or alcohol testing as required by this Policy and/or applicable federal rules.

In 49 C.F.R. Part 655, the FTA requires the MTA to conduct drug and/or alcohol testing of Members in the following situations: (1) Pre-employment, (2) where there is Reasonable Suspicion, (3) Randomly, (4) Post-accident, (5) Return to Duty, and (6) Follow-up.

VI. CIRCUMSTANCES WHEN TESTING WILL BE PERFORMED

A. Pre-Employment

1. The MTA will schedule a pre-employment drug test for those applicants or transferees who have received conditional offers to perform service for MTA as a Member.
2. Pursuant to 49 C.F.R. Part 655, no Member may perform safety-sensitive duties prior to passing a drug test administered by the MTA.
3. If a Member has not performed a safety-sensitive function for 90 consecutive days regardless of the reason, and the Member has not been in the MTA's random testing pool during that time, the Member may not perform safety-sensitive functions until he or she passes a drug test administered by the MTA.

4. A candidate must produce a negative drug test result prior to first performing safety-sensitive functions. If the test is canceled, the candidate must retake and pass the test before performing safety-sensitive work.
5. An employee or candidate who previously failed or refused a pre-employment drug test under this Policy must provide the MTA proof of having successfully completed a referral, evaluation and treatment plan as described herein.

B. Reasonable Suspicion

1. All Members are subject to drug and/or alcohol testing where Reasonable Suspicion exists.
2. For all Members, the decision to conduct the test must be based on specific, contemporaneous, articulable observations of the appearance, behavior, speech, or body odors of the Member. Testing may only occur when a Supervisor who is trained in detecting the signs and symptoms of drug use and alcohol misuse makes the required observations, which may include the following criteria:
 - a. Staggered gait, difficulty walking
 - b. Slurred speech
 - c. Drowsiness/sleepiness
 - d. Odor of an intoxicant
 - e. Disorientation (time/place/person)
 - f. Rapid mood swings with no apparent reason
 - g. Poor coordination or body control
 - h. Bizarre behavior
 - i. Direct observation of use of an intoxicant or controlled substance.
3. At least one Supervisor who has completed Substance Awareness Training must make the required observations before sending a Member for drug and/or alcohol testing.
4. When Reasonable Suspicion exists, drug and/or alcohol testing is mandatory pursuant to 49 C.F.R. Part 655.
5. **Alcohol testing is authorized under this Policy, only if the observations required above are made and the testing is conducted during, just preceding, or just after the period of the workday that the Member is required to be in compliance with this Policy.**

6. The MTA must make diligent efforts to conduct an alcohol and/or drug test within two hours of the initial observation of the Member. If testing is not conducted within two hours, the Supervisor must provide the Chief of Police or his designee with documentation as to the reason why the test was not promptly conducted. Absolutely no alcohol testing may be performed after the expiration of eight hours from the time of observation. Drug testing, however, may be conducted. If over eight hours has passed since the time of observation and no alcohol testing has been conducted, the Supervisor must provide the Chief of Police with documentation explaining why testing was not performed.

C. Random Testing

1. Random testing of Members is performed by the MTA pursuant to applicable FTA regulations set forth in 49 C.F.R. Part 655. In accordance with those regulations, MTA will:
 - a. Select employees for random testing at the annual rate established by the FTA as published from time-to-time in the Federal Register. Such selection shall be made by a scientifically-valid method, such as a random number table or a computer-based random number generator that is matched with the Members' Social Security Numbers, payroll identification numbers, or other comparable identifying numbers. Under the selection process used, each Member shall have an equal chance of being tested each time selections are made.
 - b. Ensure that random tests are unannounced and that the times and dates for administering random tests are reasonably spread throughout the day and calendar year.
 - c. Require that each Member who is notified of selection for random testing proceeds to the test site immediately. A Member may only be tested while on duty; just before the employee is to go on duty; or just after the employee has gone off duty.

D. Post-Accident Testing

1. Accident: An occurrence associated with the operation of an ancillary service vehicle, which may include an MTA Police vehicle, if as a result:

- a. An individual dies; or
 - b. An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or
 - c. With respect to an occurrence in which the public transportation vehicle involved is a bus, electric bus, van or automobile, one or more vehicles incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle; or
 - d. With respect to an occurrence in which the public transportation vehicle involved is a rail car, trolley car, trolley bus, or vessel, the public transportation vehicle is removed from operation.
2. Fatal Accidents: As soon as practicable following an accident involving the loss of human life, MTA will conduct drug and alcohol tests on the surviving Member operating the vehicle at the time of the accident. MTA will also conduct drug and alcohol testing on any other Member whose performance could have contributed to the accident, as determined by the MTA using the best information available at the time of the decision.
 3. Non-fatal Accidents: As soon as practicable following an accident not involving the loss of human life in which a vehicle is involved, the MTA will conduct drug and alcohol testing on each Member operating the vehicle at the time of the accident unless the MTA determines, using the best information available at the time of the decision, that the Member's performance can be completely discounted as a contributing factor to the accident. MTA will also conduct drug and alcohol testing on any other Member whose performance could have contributed to the accident, as determined by the MTA using the best information available at the time of the decision.
 4. The MTA must make diligent efforts to conduct an alcohol and/or drug test within two hours of the accident. If testing is not conducted within two hours, the Member's Supervisor must provide the Chief of Police or his designee with documentation as to the reason why the test was not promptly conducted. Absolutely no alcohol testing may be performed after the expiration of eight hours from the time of

observation. Drug testing, however, may be conducted within 32 hours of the accident. If over eight hours have passed since the time of the accident and no alcohol testing has been conducted, or if 32 hours have passed since the time of the accident and no drug testing has been conducted, the Supervisor must provide the Chief of Police with documentation explaining why testing was not performed.

5. A Member who is subject to post-accident testing but who fails to remain readily available for such testing, including notifying his or her Supervisor of his or her location if he or she leaves the scene of the accident prior to submission to such testing, may be deemed by MTA to have refused to submit to testing.
6. The decision not to administer a post-accident drug or alcohol test must be based on the MTA's determination, using the best available information at the time of the determination that the Member's performance could not have contributed to the accident. Such a decision must be documented in detail by written memorandum to the Chief of Police or his or her designee, including the decision-making process used to reach the decision not to test.
7. Nothing in this section should be construed to delay the necessary medical attention for the injured following an accident or to prohibit a Member from leaving the scene of an accident for the period necessary to obtain assistance in responding to the accident or to obtain necessary emergency medical care.
8. The results of a blood, urine, or breath test for the use of prohibited drugs or alcohol misuse, conducted by federal, state or local officials having independent authority for the test, shall be considered to meet the requirements of this section if such test conforms to the applicable federal, state, or local testing requirements, and the test results are available to MTA. MTA will only use such test results where it is unable to perform a post-accident test within the required periods set forth in paragraph 3 of this section.

E. Return to Duty and Follow-up Testing

1. Each Member who has engaged in conduct in violation of the FTA regulations and/or this Policy must pass a drug and/or alcohol test in order to return to his or her position.

2. In addition, the Member is subject to unannounced follow-up drug and/or alcohol testing as directed by the SAP. The number and duration of follow-up testing must be no fewer or shorter than the minimum requirements set forth in the regulations issued by the FTA.

VII. TEST PROCEDURES AND RETESTS

The MTA and any vendors that have been or may be hired by the MTA to perform testing will follow the procedures established by the United States Department of Transportation ("DOT") for all drug and alcohol testing conducted under this Policy. These procedures are set forth in 49 C.F.R. Part 40, "Procedures for Transportation Workplace Drug and Alcohol Testing Programs."

If a drug test is reported by the MRO as both negative and dilute, the MTA shall require the employee to take another drug test immediately. A second drug test result of negative and dilute will not require a third test; the result of the second drug test will become the test of record.

VIII. CONFIDENTIALITY

- A. **No Member may disclose to any individual any drug or alcohol use or testing information concerning any other Member, including but not limited to random testing selection information, unless such disclosure is necessary for compliance with this Policy or federal law or unless the Member whose records are at issue executes a release specifically authorizing the disclosure of such information.**
- B. All records maintained in the course of carrying out the procedures described in this Policy and under federal drug and alcohol-testing laws must be maintained in a separate file, under lock and key.
- C. If any Member discloses the information or records described in paragraphs A and B to any other individual for any reason, that Member may be subject to administrative or disciplinary action, up to and including dismissal.

EXHIBIT A

SAFETY-SENSITIVE JOB TITLES

Police Officer
Detective
Sergeant
Detective Sergeant
Lieutenant
Captain
Deputy Inspector
Inspector
Assistant Deputy Chief
Deputy Chief
Chief of Department

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MTA Long Island Rail Road



Jury Duty Policy for Management Employees

LEAVE-004

I. PURPOSE

Occasionally, MTA Long Island Rail Road (LIRR) employees are required to be absent from work in order to perform jury duty service. This Corporate Policy and Procedure (Policy) establishes a uniform method to allow for a continuation of salary with no charge to accrued leave while serving on jury duty.

II. SCOPE

This Policy applies to all management employees and those represented employees (collectively called "Employees") who receive management benefits governed by their respective Collective Bargaining Agreements.

III. PROCEDURE

While serving on jury duty, Employees will continue to receive their salary. Employees will not be required to remit to the LIRR any fees and/or expenses earned in connection with jury participation.

The Employee has the responsibility to show his/her immediate supervisor the official summons to serve on a jury at least three (3) days before the Employee is scheduled to serve. After the Employee has completed jury duty service, the Employee must furnish his/her supervisor with evidence of having served (Certificate of Service). The Certificate of Service should be maintained in the department file. Employees on jury duty are expected to report for work any time they are temporarily or finally excused during the scheduled period of jury duty service.

When it is necessary for an Employee to request postponement of jury duty service due to unusual circumstances at work, the Employee's supervisor should furnish the proper civil authorities with the necessary letter or certification to support the requested postponement.

IV. FORMS & ATTACHMENTS

None

V. REVISION TRACKING

October 1994

July 2002

March 2008

May 2011

April 2015 - Reviewed per BPM-001 Issuance of Corporate Policies and Procedures.



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

I. PURPOSE

The purpose of this Corporate Policy and Procedure (Policy) is to outline the administration of sick leave allowance for employees of the MTA Long Island Rail Road (LIRR). As set forth in Section IV., of this Policy, sick leave is to be used only for illnesses of or the provision of medically related care to the employee or the employee's spouse, dependent child, parents or domestic partner.

II. SCOPE

This Policy applies to all non-represented management employees and those represented employees who receive management benefits governed by their respective Collective Bargaining Agreements (collectively called Employees).

III. ESSENTIAL FUNCTIONS

The essential functions related to this Policy are as follows:

A. Senior Director-Human Resources

1. Administers this Policy

B. Department Heads

2. Ensure compliance with this Policy.

IV. PROCEDURE**A. PAID SICK DAYS****1. Eligibility**

- a. Employees in active service will be allotted twelve (12) paid sick days per year, credited to the Employee on each January 1.
- b. In their first calendar year of employment, Employees will be allotted one (1) sick day per calendar month for the balance of the year, credited to the Employee on his/her date of hire.
- c. Represented Employees promoted to a position covered by this Policy will have their represented sick leave bank transferred into their new status.
- d. An Employee losing time due to an on-the- job injury will not have the time deducted from his/her sick leave bank.
- e. Employees working a reduced work schedule (e.g., in part-time service) will be credited with a sick leave allotment prorated proportionately to the allotment received by full-time Employees in the same title.



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

2. Usage

- a. Sick days may only be used for illnesses of or the provision of medically related care to the Employee, the Employee's spouse, dependent child, parents, or domestic partner.

For the purposes of this Policy, "dependent child" is defined as a biological or adopted child, foster child, stepchild, legal ward, or a child of an Employee standing in loco parentis (i.e., in place of a parent), who is: under the age of 19; or older than 19 but incapable of self-care because of a mental or physical disability; or older than 19 but under 25 and is a full-time student at an accredited secondary or preparatory school, college or other educational institution.

- b. In cases where an Employee uses sick days of a duration exceeding five (5) consecutive workdays, the Employee is expected to provide medical documentation to the appropriate supervisor that includes the period of time the Employee had been unable to report to work. If such certification is not provided, the Employee must submit a statement of explanation pertaining to the unavailability of the document. The responsible department must ensure proper controls are in place for adhering to this process.
- c. Department Heads may authorize an Employee's use of sick days for up to thirty (30) consecutive calendar days.
- d. The Senior Director – Human Resources, must approve any use of sick days greater than thirty (30) consecutive calendar days. For all such sick leave absences, a Family and Medical Leave Act Application Form (HR-BEN-028 (Available on the BSC Portal) must be submitted by the Employee to his/her Supervisor. (See LIRR Corporate Policy and Procedure LEAVE-003 - Family and Medical Leave.) If the Employee is eligible for leave under the Family and Medical Leave Act, a Certification of Health Care Provider Forms (HR-BEN-069/070 – Available on the BSC Portal) must be submitted by the Employee to either the Director – Employee Services, Human Resources Department or to the Physician-in-Charge, LIRR Medical Department.
- e. If an Employee's absence has been designated as qualifying under the Family and Medical Leave Act, any leave used during such absence (i.e. sick leave, vacation leave and personal days) shall run concurrently with Family and Medical Leave.
- f. If an Employee does not qualify for Family and Medical Leave, appropriate medical documentation must be submitted to the Senior Director-Human Resources for approval of the Employee's continued use of additional sick days.



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

3. Balances

- a. Unused sick days may be carried over from one calendar year to succeeding years with unlimited accumulation.
- b. Vacation, personal and sick leave accrues and medical and other benefits continue while an Employee is using his/her sick days.
- c. Employees who leave positions covered by this Policy and move into positions that are not covered by this Policy, will maintain their sick leave balances upon transfer, and will be governed by the sick leave agreement that governs the new position.
- d. Employees covered by this Policy will maintain accumulated sick leave balances if they transfer between MTA Constituent Agencies.
- e. Sick leave banks for Employees who retire from an MTA Constituent Agency and who are subsequently hired at the LIRR will be calculated as that of a newly hired Employee. Sick leave balances earned at the Constituent Agency from which the Employee retired, will not be accepted by the LIRR.

B. SICK LEAVE ABUSE

Nothing stated in this Policy will preclude the LIRR from disciplining Employees who abuse sick leave privileges. Repeated and/or excessive periods of absence will be subject to review and can lead to disciplinary action, up to and including termination.

Employees are prohibited from working outside employment while on any leave under this Policy.

The LIRR reserves the right to recover payments from Employees that were made contrary to the terms of this Policy including, but not limited to, any overpayments or payments made as a result of an Employee's unauthorized use of sick leave.

C. SHORT-TERM DISABILITY

1. Employees in active service are entitled to paid short-term disability benefits. The LIRR provides short-term disability benefits at 100% pay for up to twenty-six (26) consecutive weeks or one hundred thirty (130) working days from the initial date of absence for an Employee's prolonged, major or catastrophic illness.
2. Prior to short-term disability benefits taking effect, all paid sick days, and all but ten (10) working days of the aggregate of the Employee's accumulated vacation days and personal days, must be exhausted.
3. For any single occurrence of prolonged, major or catastrophic illness, which has been supported by approved medical documentation, Employees will be considered for short-term disability benefits for up to a maximum of 26 consecutive weeks or 130 working days, from the initial date of absence as stipulated in the LIRR Long Term Disability Insurance Program.



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

4. If an Employee has exhausted his/her paid sick days and all but 10 days of the aggregate of the Employee's available vacation days and personal days, and is unable to work because of his/her own personal prolonged, major or catastrophic illness, the Department Head may submit a request to the Senior Director – Human Resources, recommending that the Employee be granted short term disability benefits. The request should include the pertinent facts of the case, provide applicable medical documentation and indicate the amount of excess time being requested. As indicated in IV.C.3 above, however, under no circumstances may an Employee receive paid short term disability benefits for more than 26 consecutive weeks or 130 working days from the initial date of absence for the same illness or injury.
5. For any absence that exceeds 30 consecutive calendar days, the Employee must submit a Family and Medical Leave Act Application – HR-BEN-028 to his/her supervisor. Any FMLA leave to which an Employee may be entitled runs concurrently with short-term disability. In other words, an Employee cannot take his/her full short term disability benefits, and then take 12 weeks off under the FMLA; any time spent on short-term disability counts as part of an Employee's FMLA leave.
6. Vacation, sick and personal leave accrues while an Employee is on short-term disability. However, all such accrued leave will be charged during the Employee's continued absence.
7. The LIRR will continue payment (less required Employee contributions) of health insurance, life insurance, and long-term disability premiums for Employees during the period of short-term disability. Employees must continue to contribute their portion to continue other programs or benefits.
8. Employees are limited to a maximum of fifty-two (52) weeks of short-term disability benefits over the term of their employment at the LIRR or over a combination of terms of employment at MTA Constituent Agencies.
9. Employees of an MTA Constituent Agency who are working at the LIRR will follow policies and practices of the LIRR relative to short-term disability.
10. An Employee who is receiving short-term disability benefits and who is also on FMLA leave is entitled to be restored to his/her prior position or to an equivalent position upon return to work. Where an Employee is not on FMLA leave, the LIRR will attempt to return the Employee who is returning from short-term disability to the same or similar job that the Employee held prior to the leave. Under some circumstances, however, permanent replacement during a leave may be required. Therefore, unless an Employee is entitled to return to the same or an equivalent position under the FMLA, a job cannot be guaranteed when the Employee is ready to return to work from short-term disability.



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

D. LONG-TERM DISABILITY

1. If an absence extends beyond 26 consecutive weeks or 130 working days for an Employee's own prolonged, major or catastrophic illness or on-the job injury, the Employee may apply for long-term disability benefits under the LIRR Long Term Disability Insurance Program.
2. No sick, vacation or personal leave accrues during long-term disability.
3. Employees who are on long-term disability will continue to be covered by the Company's health and welfare benefits beyond age 65 if he/she is vested in the Company's pension plan with ten or more years of service. Employees who do not have sufficient years of service to be vested in the Company's pension plan are covered up to age 65. Full life insurance coverage will continue for the duration of long-term disability, up to age 65 or to the date of retirement, whichever occurs sooner. The same applies to supplemental life insurance if the Employee had supplemental life insurance before receiving long-term disability.
4. Employees anticipating an absence for more than 26 consecutive weeks or 130 working days due to injury or illness should apply for long-term disability as soon as possible.
5. The LIRR will attempt to return an Employee returning from long-term disability to his/her former position or to some similar or other position. Under some circumstances, permanent replacement during a leave may be required. Therefore, a job cannot be guaranteed when the Employee is ready to return from long-term disability.
6. An Employee who fails to return to work upon the termination of his/her long-term disability benefits will be considered to have voluntarily resigned from employment at the LIRR.
7. Unpaid medical leave, up to a maximum of six (6) months, may be granted to an Employee who has used all available paid sick days (up to a maximum 130 days), but who has either failed to apply for long-term disability benefits or has been denied long-term disability benefits by the LIRR Long-Term Disability Program. The Department Head may approve unpaid medical leave for up to thirty (30) consecutive calendar days. The Senior Director-Human Resources must approve any leave greater than thirty (30) consecutive calendar days.
 - a. Any unpaid medical leave must be supported by acceptable medical documentation.
 - b. The LIRR will attempt to return an Employee returning from this unpaid medical leave to his/her former position or to some similar or other position. Under some circumstances, permanent replacement during a leave may be required. Therefore, a job cannot be guaranteed when the Employee is ready to return from this unpaid medical leave.

**SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES****LEAVE-008**

- c. No sick, personal or vacation leave will accrue while on an unpaid medical leave.
- d. Medical, dental and vision benefits will continue for six (6) months, after which the Employee may purchase health, dental and vision benefits under COBRA, as provided by Federal law.
- e. An Employee who fails to return to work at the end of the unpaid medical leave's approved duration will be considered to have voluntarily resigned from employment at the LIRR.

E. CASH PAYMENT FOR UNUSED SICK DAYS

1. Employees, who have ten (10) years of service or more, may receive a cash payment for unused sick days upon their retirement, resignation or termination in good standing. An Employee who is first appointed to a position covered by this Policy after May 3, 2006, or who is returning to a position covered by this Policy after May 3, 2006, must be employed in one or more position(s) covered by this Policy for a minimum of two (2) consecutive years immediately prior to separation and have ten (10) years of service or more to receive the cash payment. Such payment will consist of one (1) paid day for every two (2) days of accumulated sick leave, up to a total of two hundred forty (240) days of accumulated sick leave. Therefore, an Employee may receive payment for up to one hundred twenty (120) days. Fractions of a full day will be paid where applicable. The daily rate applied to this calculation will be based on the Employee's rate of pay as of the date of separation.

If an Employee does not have the required two (2) years of employment in a position(s) covered by this Policy as described above, but had served in a position covered by an LIRR Collective Bargaining Agreement (CBA) before his/her appointment to a position covered by this Policy, the Employee may be eligible to receive a cash payment for one-half of his/her unused sick leave only if the Employee would have been eligible for such payment under the aforementioned CBA. Such payment, however, may not exceed one hundred twenty (120) days. The daily rate applied to this calculation will be based on the rate of pay the Employee had been receiving immediately prior to his/her appointment to the position covered by this Policy.

2. As set forth in Section IV of this Policy, sick leave may only be used for illnesses of or the provision of medically related care to the Employee or the Employee's spouse, dependent child, parents, or domestic partner. Sick leave may not be used for any other purpose, including as a mechanism for being paid for excess leave for which an Employee would not be entitled to be paid upon separation of employment. As indicated in Section IV. B of this Policy, any such unauthorized use of sick leave will be considered an abuse of this Policy and may lead to disciplinary action, up to and including termination. In addition, the LIRR reserves



SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES

LEAVE-008

the right to recover payments from Employees that were made as a result of unauthorized use of sick leave.

3. Employees are permitted to retain their accumulated sick leave balances upon transfer between MTA Constituent Agencies. They may not receive a cash payment for unused sick leave at the time of transfer. Upon retirement, however, Employees may be paid for such transferred accumulated sick leave balances in accordance with the provisions of this Policy.
4. Employees who separate employment from the LIRR in other than good standing, as determined by the Senior Director – Human Resources in his/her sole discretion, will not be eligible to receive this cash benefit.
5. Employees covered by this Policy are eligible for this benefit at any time after the date marking ten (10) years of aggregate active service with MTA Constituent Agencies. This ten (10) year period includes the aggregation of all periods of active service at any MTA Constituent Agency, providing there are no gaps in said period of active service exceeding twelve (12) months in duration for reasons other than illness, disability or approved leave of absence.
6. For the purposes of this Policy, the unused sick leave balances of an eligible Employee who dies while in the service of the LIRR will be treated as if the Employee resigned from service as of the date of death (consistent with the retirement practices of the LIRR). The cash value of these balances will be paid to the estate of the deceased Employee.
7. If, within five (5) years prior to separation from employment in good standing, an Employee's entire sick leave bank had been depleted (as a result of the Employee's own prolonged, major or catastrophic illness which has been documented and approved by the Medical Department), the Employee shall be paid at separation or retirement an amount equal to one twelfth (1/12) of his/her annual salary for each full ten (10) years of aggregate active service. Employees with greater than ten (10) years of service, but with less than twenty (20), thirty (30) or forty (40) years, as the case may be, shall be paid for that additional period on a pro-rata basis of three (3) days of pay for each full year of service not to exceed 20 days.

For example, an Employee in this situation with nine (9) years of service would receive no payment; an Employee with ten (10) years of service would receive a payment of one-twelfth (1/12) of the annual salary; an Employee with fifteen (15) years of service would receive a payment of one-twelfth (1/12) of the annual salary, plus a payment equal to fifteen (15) days of salary (three (3) days per year times five (5) years); and an Employee with twenty (20) years of service would receive a payment of one-sixth (1/6) of the annual salary.

The amount of this calculation is not in addition to sick leave balances the Employee may have accumulated after the occurrence of the prolonged, major or catastrophic illness. The Employee may receive either the amount derived by

**SICK LEAVE POLICY FOR MANAGEMENT EMPLOYEES****LEAVE-008**

this paragraph, or the amount as calculated in accordance with Paragraph 1 above, whichever is greater.

The rate applied to this calculation will be based upon the Employee's rate of pay as of the date of separation.

8. Unused sick days may be carried over from one calendar year to succeeding years with unlimited accumulation; however, payment for unused accumulated sick leave will be in accordance with either Paragraphs 1 or 7 above, as applicable. Employees, who leave positions covered by this Policy and move into positions that are not covered by this Policy, will carry their sick leave balances upon transfer and will be governed by the sick leave cash-out policy of the new position. Likewise, Employees who enter into positions covered by this Policy from positions that are not covered by this Policy, will carry their sick leave balances upon transfer, and will be governed by the sick leave cash-out procedure set forth in this Policy.
9. Employees who are granted severance payments or early retirement incentives shall receive any payments to which they are entitled under this Policy in addition to any payment received in connection with severance or early retirement programs.

V. FORMS AND ATTACHMENTS

None

VI. REVISION TRACKING

April 1998

January 2002

August 2003

September 2007

June 2011

April 2015 -

Updated per CP&P BPM-001: Issuance of Corporate Policies and Procedures.

Updated references to Family Medical Leave Forms - Attachments A and B which are now available on the BSC Portal.



**Personal Leave Day Policy for
Management Employees**

LEAVE-009

I. PURPOSE

This Corporate Policy and Procedure (Policy) establishes Personal Leave Day allocation and usage for MTA Long Island Rail Road (LIRR) management employees.

II. SCOPE

This Policy applies to all management employees and represented employees who receive management benefits as stipulated in their respective collective bargaining agreements (collectively called "Employees").

III. ESSENTIAL FUNCTIONS

A. Senior Director-Human Resources

Administers this Policy.

B. Department Heads

Ensure compliance with this Policy.

IV. PROCEDURE

A. General

1. A "Personal Leave Day" is considered a day off, with pay, to be used for any personal reason.
2. Personal Leave Days may be taken in conjunction with vacation days or holidays.
3. Personal Leave Day requests should be submitted to the Employee's supervisor as far in advance as possible. Such requests should not be unreasonably denied.
4. Unused Personal Leave Days do not accumulate, cannot be carried over into succeeding years and will be forfeited if not used by the end of that calendar year.
5. All Personal Leave Day usage must be recorded as such in the timekeeping/payroll system.



**Personal Leave Day Policy for
Management Employees**

LEAVE-009

B. Allocation

1. Employees are not entitled to any Personal Leave Days in their first calendar year of employment.
2. Employees are entitled to one (1) Personal Leave Day in their second calendar year of employment.
3. Employees are entitled to two (2) Personal Leave Days in their third and fourth calendar years of employment.
4. Employees are entitled to three (3) Personal Leave Days in their fifth and in all subsequent calendar years of employment.
5. Employees promoted from represented positions not covered by this Policy will have their remaining Personal Leave Day balance carried into the calendar year in which the promotion is effective. At the end of the calendar year, Employees will not be compensated for any unused Personal Leave Days earned while in the represented position. (See IV.A.4.) In the calendar years following the promotion, Personal Leave Day allowance will be calculated based upon the schedule outlined above.
6. Employees who transfer to the LIRR from another MTA Agency will have all previous employment at the MTA Agency credited in calculating calendar years of service. Personal Leave Day entitlement will commence in the second calendar year of employment at the LIRR.

V. FORMS & ATTACHMENTS

None

VI. REVISION TRACKING

April 1998

March 2008

May 2011

April 2015 - Updated per CP&P BPM-001: Issuance of Corporate Policies and Procedures.

MTA Metro-North Railroad

Corporate Policy and Operating Procedure

Title: **ATTENDANCE – NON-AGREEMENT EMPLOYEES**

Effective Date: June 9, 1988

Revised Date: December 16, 2015

Number: **21-021A**

Page 1 of 4

A. POLICY

1. This Corporate Policy and Operating Procedure (Policy) applies to Metro-North Railroad ("MNR" or "Metro-North") non-agreement employees and those Metro-North Railroad employees holding positions listed in Appendix No. 13 to the TCU collective bargaining agreement (collectively, "employees" or "MNR employees" for purposes of this Policy). It is the responsibility of each employee to report for duty at the time and days scheduled, at the designated location and to remain on duty for the full workday. This is the most important obligation an individual assumes as a condition of employment with the railroad.

All employees have an obligation to MNR, our customers, the taxpayers of our service territory, and their fellow employees to strive for perfect attendance. Unscheduled employee absences adversely affect productivity and efficiency, unnecessarily increase costs, put additional burdens on employees who do report to work and reduce the quality of service Metro-North can provide to our customers. Employees are expected to maintain reasonable health standards, take intelligent precautions against illness, and make every effort to live and work safely, both at home and at work. Employees are further expected not to allow minor ailments or inconveniences to prevent them from reporting to work as assigned.

While perfect attendance is a goal, an employee should not report for duty if he or she is suffering from an impairment that would pose a threat to the safety of railroad passengers, fellow employees or the employee's own safety. If an employee reporting to work believes a medical or physical condition or injury renders the employee unfit for duty on that work day, the employee has a duty to advise his or her supervisor. MNR policy does not permit employees who do not satisfy medical standards for fitness for duty to report to work or remain on duty for the workday.

2. Metro-North employees are required to work eight hours per work day and 40 hours per pay period, not including lunch or other breaks, provided, however, that designated employees in the Office of System Safety ("Designated Safety Employees") have been authorized to have a 12-hour-per-day work schedule. Designated Safety Employees are required to work 120 hours per three-week period, equating to 40 hours per pay period.

All employees are provided with adequate amounts of leave. MNR Corporate Policies and Operating Procedures and/or provisions in Collective Bargaining Agreements, as applicable ("Agreements") describe exceptions to an employee's daily obligation to report for duty (e.g., holidays, vacation and personal leave, jury duty and similar excepted absences). The various types of leave allowances and limitations, administrative steps, and documents required for these types of leave are detailed in MNR and Metropolitan Transportation Authority ("MTA") procedures and/or provisions in the various Agreements:

- a. 21-003: Holidays
 - b. 21-004: Vacation & Personal Leave
 - c. 21-005: Sick & Disability Leave
 - d. 21-006: Administrative Leave (including, among other leaves, Jury Duty)
 - e. 21-009A: MTA All-Agency Policy 11-019: Bereavement Leave
 - f. 21-010: Military Leave
 - g. 21-022: Family & Medical Leave
3. Employees are permitted to use accrued sick leave for personal illness or injury, or to care for ill or injured dependent family members. For purposes of this Policy, dependent family members are the employee's spouse, domestic partner, dependent child or parents. A dependent child is defined as the biological or adopted child, step-child, foster child or domestic partner's child, who is unmarried, and (1) under the age of 19; (2) older than 19 but under the age of 25 and a full-time student at an accredited secondary or preparatory school or college, or (3) over the age of 19 and incapable of



Corporate Policy and Operating Procedure

Title: **ATTENDANCE – NON-AGREEMENT EMPLOYEES**

Effective Date: June 9, 1988

Revised Date: December 16, 2015

Number: **21-021A**

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self-care due to a mental or physical disability.

Employees who attempt to use sick leave for any other reason or who use sick leave in violation of this Policy will be subject to disciplinary action up to and including dismissal. Employees may not use sick leave to engage in Outside Employment or Activities as those terms are defined by MNR's policy on Dual Employment and Outside Activities, 21-029. To the extent employees use sick leave for FMLA-qualifying reasons, and are on an authorized FMLA leave, such leave shall count against both sick leave and any FMLA entitlement.

4. Corporate Policies and Procedures and Agreements, if applicable, that establish paid sick leave days are intended to provide employees with pay protection for reasonable periods of short-term illness; they also allow employees to "bank" unused sick leave days for use in the event of longer-term absences from work due to serious illness or injury.

Employees whose use of sick leave days exceeds reasonable levels will be considered as having unsatisfactory attendance. Unsatisfactory attendance may include one or more of the following:

- a. Frequent one-day absences;
- b. Absences preceding or following rest days, holidays, vacation, and any other pattern;
- c. Absences exceeding sick leave entitlements;
- d. Frequent lateness to work or early departures; or
- e. Three occurrences of absences within any 30 calendar day period or four occurrences of absence within any six-month period, with an "occurrence" being consecutive work days that an employee does not report for work due to illness or injury.

Authorized absences pursuant to Operating Policies 21-003: Holidays; 21-004: Vacation & Personal Leave; 21-006: Administrative Leave (including, among other leaves, Jury Duty); 21-009A: Bereavement Leave (and MTA All-Agency Policy 11-019); and 21-010: Military Leave will not be considered "occurrences" under this Policy.

Absences attributable to an authorized FMLA leave or to any authorized "reasonable accommodation" pursuant to federal or state disability law also may not be used to assess unsatisfactory attendance under this Policy. In addition, an absence arising from a workplace injury for which satisfactory medical documentation has been submitted establishing that the absence resulted from the employee following orders or a treatment plan of his/her treating physician shall not be included in assessing unsatisfactory attendance under this Policy.

5. Satisfactory or unsatisfactory attendance of an employee may be considered in evaluating employee job performance, as well as applications for job promotions or transfers. Consistent with Section 4 above, absences authorized pursuant to Operating Procedures 21-003: Holidays; 21-004: Vacation & Personal Leave; 21-006: Administrative Leave (including, among other leaves, Jury Duty); 21-009A: Bereavement Leave (and MTA All-Agency Policy 11-019); and 21-010: Military Leave will not be considered "occurrences" of absence under this Policy, nor shall absences attributable to (i) authorized FMLA leave; (ii) any authorized "reasonable accommodation;" or (iii) arising from a workplace injury for which satisfactory medical documentation has been submitted establishing that the absence resulted from the employee following orders or a treatment plan of his/her treating physician.
6. On occasion, employees may request to leave early or come in late to attend to personal business.



Corporate Policy and Operating Procedure

Title: **ATTENDANCE – NON-AGREEMENT EMPLOYEES**

Effective Date: June 9, 1988

Revised Date: December 16, 2015

Number: **21-021A**

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An employee is required to charge his or her leave balances for such time away from work, unless a request has been granted by his or her supervisor in advance to permit the employee to make up the time by working additional hours before the end of the pay period. Supervisors have the discretion to grant such requests on a case-by-case basis. No such request shall be granted unless the following conditions are satisfied:

- a. The supervisor has prior knowledge of the request and has given his or her approval;
 - b. The supervisor has determined that the accommodation will not have an adverse impact upon the productivity of the department and will not unduly burden other employees;
 - c. The employee does not have a history of unsatisfactory attendance as described in Section 4 above; and
 - d. The employee agrees to make up the time by working additional hours before the end of the pay period such that the employee shall have worked the required 40 hours for that pay period. The employee's supervisor must have concurred with the proposal for how the employee will make up the time. Employees may not roll over time and satisfy the obligation to make up time in a different pay period.
7. Supervisors are permitted to allow employees to work flexible hours provided that the modified schedule is consistent with the eight hour work day/40 hour work week requirement in Section 2 above and provided that the following conditions are satisfied:
- a. The employee has submitted a written request to his or her supervisor, specifying the flexible hours the employee is seeking;
 - b. The employee does not have a history of unsatisfactory attendance as described in Section 4 above;
 - c. The supervisor has, in his or her sole discretion, determined that the accommodation will not have an adverse impact upon the productivity of the department and will not unduly burden other employees or otherwise have an adverse impact upon the operations of MNR as a whole;
 - d. The supervisor has approved the employee's request in writing; and
 - e. Upon receiving the supervisor's written approval, the employee has obtained the written approval of his or her Department Head.

B. STEPS

1. The immediate supervisor and/or the department designee will monitor attendance and maintain documents that record hours and days worked, vacation and personal leaves, and absences from the workplace. These records and all associated documents are transferred to follow the employee who changes positions, work locations, etc.
2. Employees unable to report to work as assigned, or who must leave before the end of the workday, are required to follow established departmental procedures for notifying the appropriate supervisors.
3. Documentation submitted by employees to support absences due to illness or injury or for other reasons must comply with the procedures identified in Section A. 2. above. In addition, employees using sick leave as a "reasonable accommodation" must obtain appropriate documentation from a qualified health care provider and be prepared to submit it upon request to the designated administrator in his/her department. The department administrator should forward all such documentation pertaining to illness or injury to the Occupational Health Services Department for review.
4. Managers or supervisors should seek guidance from the Human Resources Department when initiating disciplinary actions for unsatisfactory attendance.



Corporate Policy and Operating Procedure

Title: **ATTENDANCE – NON-AGREEMENT EMPLOYEES**

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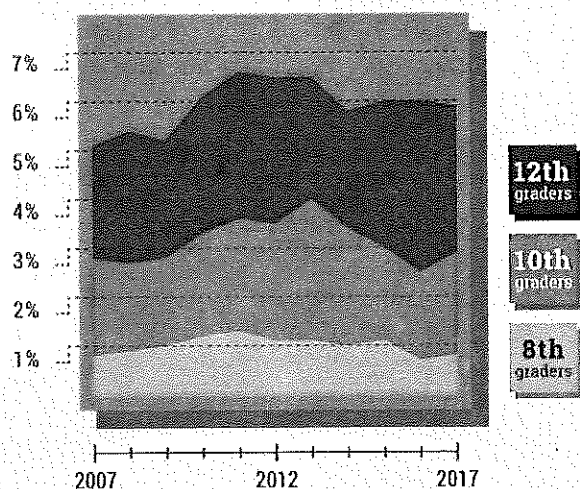
C. ADMINISTRATION

1. The Vice President, Human Resources is responsible for the administration and interpretation of this Policy. No exceptions to this Policy will be considered valid unless approved in writing by the Vice President, Human Resources.
2. This Policy sets forth only guidelines and does not constitute a contract, express or implied. Metro-North Railroad expressly reserves the right to change or cancel this Policy at its sole discretion at any time.

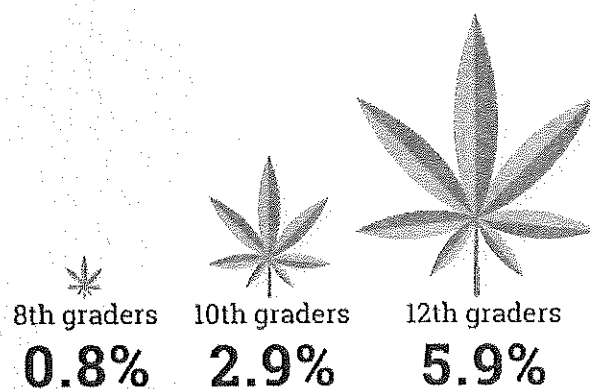


DAILY MARIJUANA USE MOSTLY STEADY

2007 - 2017



2017

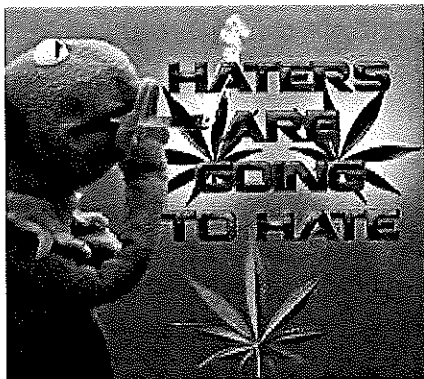


71.0% OF HIGH SCHOOL SENIORS DO NOT VIEW REGULAR MARIJUANA SMOKING AS BEING VERY HARMFUL, BUT 64.7% SAY THEY DISAPPROVE OF REGULAR MARIJUANA SMOKING.

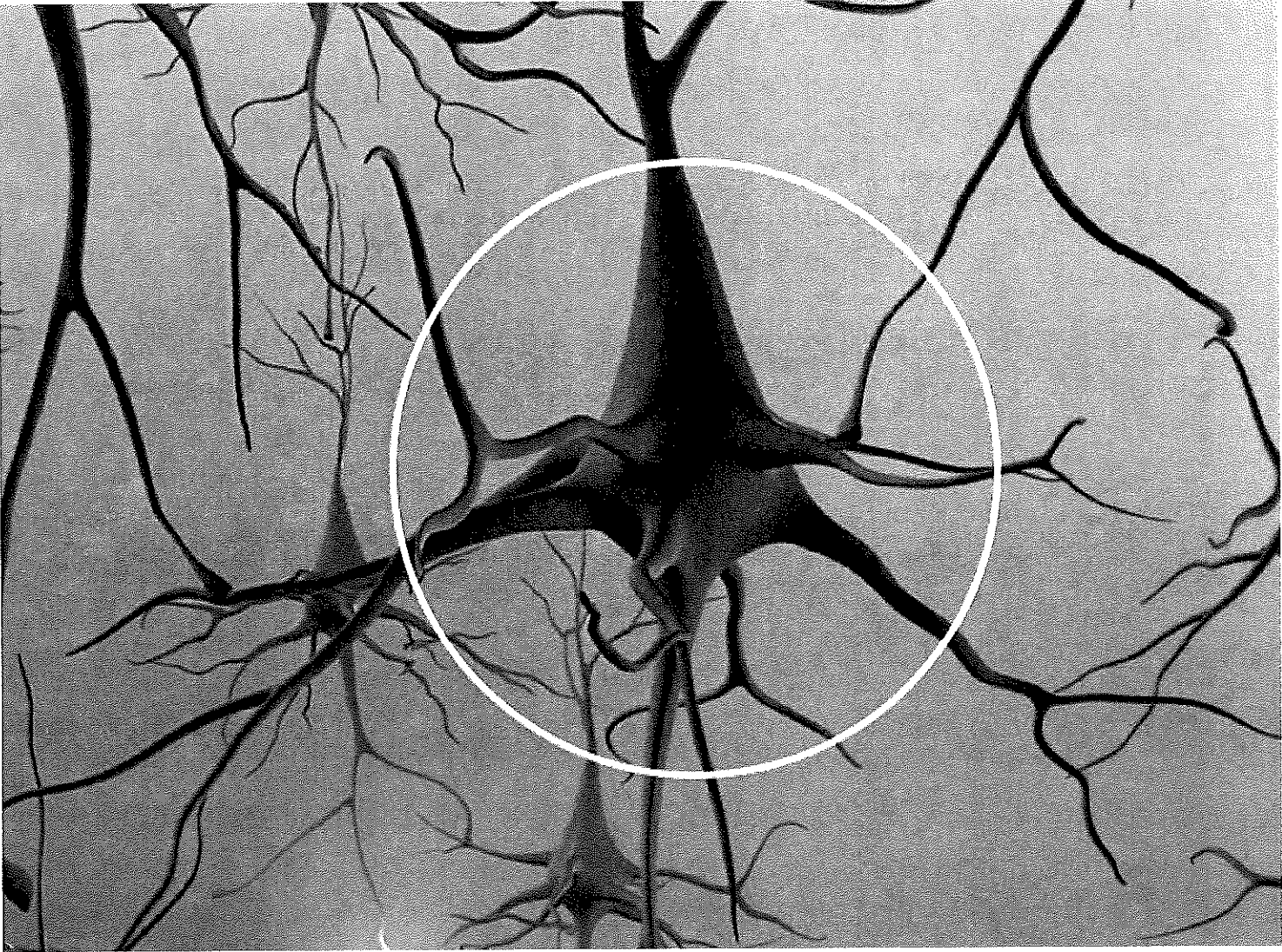


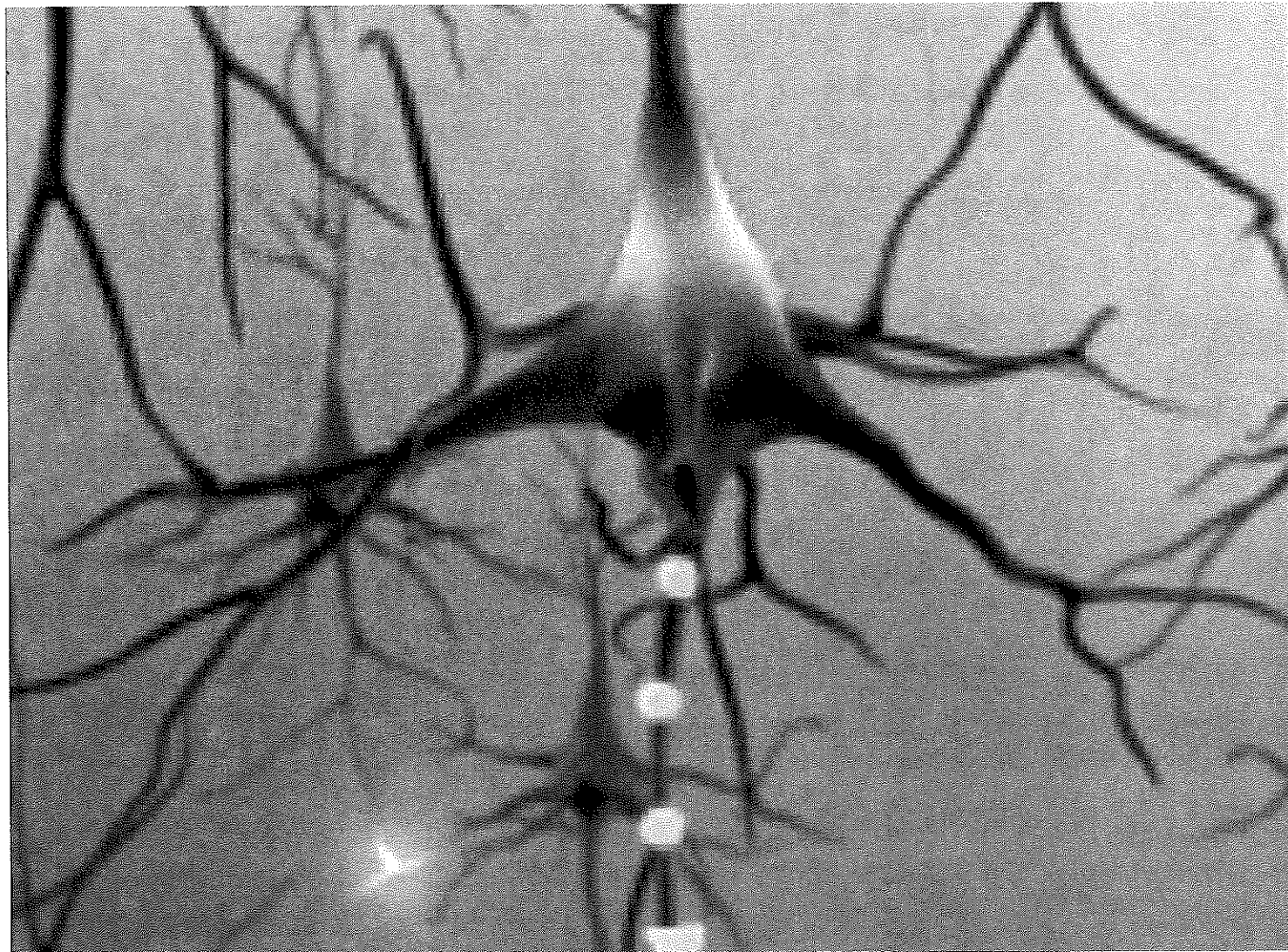
National Institute
on Drug Abuse

DRUGABUSE.GOV











Working to Reform Marijuana Laws

The NORML Almanac of Marijuana Arrest Statistics

New Jersey Marijuana Arrests

Marijuana Arrests 1995-2002 (Summary)

Marijuana Possession Arrests-2002 (Demographics)

Marijuana Sales Arrests-2002 (Demographics)

Marijuana Arrests by County 1998-2002

Introduction

The NORML Almanac of Marijuana Arrest Statistics provides detailed data on the distribution and composition of marijuana arrests to supplement the analysis and data contained in NORML's 2005 report "Crimes of Indiscretion: Marijuana Arrests in the United States."

The data used for these tables were produced by the Uniform Crime Reports (UCR) program of the Department of Justice - Federal Bureau of Investigation. Local police agencies report data to state agencies, which compile and report it to the national program office. Some local agencies do not participate in the program, and neither do some states. Florida, Illinois, and Washington D.C. did not report data to the UCR program in 2002, though some Illinois data was obtained directly from the state for this report.

This report relies on two UCR data sets. UCR County-Level Detailed Arrest and Offense Data have been used to generate state and county level arrest totals and rates, generally for the years 1995 to 2002. County-level data are reported along with codes that indicate 9 categories of population sizes. Generally the largest arrest rates reported are for small jurisdictions with significant numbers of arrests of non-residents, such as in a popular vacation area.

The UCR Age, Sex, and Race file has been used along with US Census population data to produce arrest rates by demographic category for marijuana possession and sales arrests in 2002. The four categories used for race-based data in the UCR program are White, Black, Indian (Native American), and Asian. The race-based data are also subdivided by general age group: adult, juvenile, and all. Age/sex data are presented in two formats. The primary presentation

utilizes five year age categories for males, females, and both. Age/sex data are also presented using single year categories for age 15 to age 24 to highlight the impact of marijuana arrests on these specific age groups.

All arrest rates reported in these tables are per 100,000 population. Some arrests rates may vary due to differences in the data sets; for example the arrest rate for possession derived from the county level file may be 200 while the same arrest rate derived from the age, sex and race file may be 192. Data reported in these tables may also differ from reports from state criminal justice agencies; UCR files are frequently updated at the state level.

State sections include the following additional data: marijuana arrests as a percentage of drug arrests, marijuana arrests as a percentage of all arrests, the 2002 Census population, 2002 reporting coverage for demographic data, and the maximum state penalties for possession or sale of 1 ounce of marijuana. Marijuana arrests as a percentage of all drug arrests indicate the resources marijuana offenses take away from other drug control efforts. Marijuana arrests as a percentage of all arrests provide an index of the cost of marijuana enforcement in a state; the percentage of all arrests indicates a general percentage of overall criminal justice costs that can be attributed to marijuana. The maximum penalties indicate the potential severity of punishment for marijuana offenses; these data also help characterize the potential cost of state marijuana laws under conditions of maximum enforcement.

Jon B. Gettman, Ph.D.

Key to Almanac Tables

Marijuana Arrests 1995 – 2002

Source: Uniform Crime Reporting Program
Data: County-level Detailed Arrest and
Offense Data. [Computer File]

All: Both adults and juveniles.

Adults: Age 18 and older.

Juvenile: Under age 18.

Arrests: Total marijuana arrests, possession
and sales arrests combined.

Rate: The arrest rate per 100,000 for all
marijuana offenses is calculated by dividing
the number of arrests by the coverage
population and multiplying the result by
100,000.

Pct of Drug Arrests: The percent of drug
arrests represented by marijuana arrests.
This figure is calculated by dividing the
number of marijuana arrests by the number
of all arrests for drug offenses.

Pct of All Arrests: The percentage of all
arrests represented by marijuana arrests.
This figure is calculated by dividing the
number of marijuana arrests by the number
of arrests for all criminal offenses.

Marijuana Sales/Possession Arrests – 2002

Source: Uniform Crime Reporting Program
Data: Arrests by Age, Sex, and Race.
[Computer File]

Population: The total population estimated
by the U.S. Census.

Coverage: The percentage of the total
population represented by the coverage

population. This figure is calculated by
dividing the coverage population by the
census population for a region.

Poss. Max: The maximum penalty for
possession of 1 ounce of marijuana.

Sales. Max: The maximum penalty for sales
of one ounce of marijuana.

Arrest Rate: The arrest rate per 100,000
population, calculated by dividing the
number of arrests by the population served
by the arresting police agencies and
multiplying the result by 100,000.

Adults: Individuals age 18 and older.

Juveniles: Individuals under the age of 18.

Rate: The demographic composition of
coverage populations has been estimated
using U.S. Census data and used to calculate
arrest rates for marijuana offenses per 100,000
population for specific demographic groups.

Arrest Pct.: The percentage of arrests for the
offense accounted for by the demographic
group.

Pop. Pct.: The estimated percentage of the
regional population accounted for by the
demographic group.

Ratio: The ratio produced by dividing Arrest
Pct by Pop. Pct. by the population
percentage. A group that accounts for equal
shares of marijuana possession arrests and
the general population will have a ratio of
1.0.

The NORML Almanac of State Marijuana Statistics

Marijuana Arrests by County 1998 – 2002

Source: Uniform Crime Reporting Program
Data: County-level Detailed Arrest and Offense Data. [Computer File]

Population Size: Nine categories are used to distinguish counties of similar population size. Special circumstances are more likely to disproportionately affect arrest rates in counties with smaller resident populations, such as high numbers of vacation visitors for beach and mountain resort areas.

Arrests: Total marijuana arrests, possession and sales arrests combined.

Arrest Rates: The arrest rate per 100,000 for all marijuana offenses is calculated by dividing the number of arrests by the coverage population and multiplying the result by 100,000.

Rank (Rates): Ranking among all the counties in the State, from highest (1) to lowest.

Population Size Codes

Size 1	Population	< 2,500		
Size 2	Population	2,500	to	9,999
Size 3	Population	10,000	to	24,999
Size 4	Population	25,000	to	49,999
Size 5	Population	50,000	to	99,999
Size 6	Population	100,000	to	249,999
Size 7	Population	250,000	to	499,999
Size 8	Population	500,000	to	999,999
Size 9	Population	1,000,000 +		

Notes on the Calculation of Age and Race-Specific Arrest Rates at the County, State, and National Level

1. County-level Totals and Arrest Rates.

Local agency data from the UCR Age, Sex, and Race file are combined to produce county-level totals and arrest rates for the overall population. While the agency-level file provides data on the number of blacks arrested by each agency, for example, it does not provide data on the local black population. However calculation of the arrest rate for blacks can take place at the county level through the use of Census Bureau data on county-level populations.

2. State, and National Level Totals and Arrest Rates. County level data are combined to produce state, and national-level totals of coverage populations and arrests by offense, providing a basis for calculating the arrest rate for the overall coverage population.

3. Demographic-based Arrest Rates. The coverage population for Blacks in each region, for example, can be estimated using Census data on the overall Black population of the region. If Blacks comprise 65% of the population of a county, for example, these tables are based on the premise that Blacks also comprise 65% of the coverage population reported in the UCR data for that county. The estimation of the Black population within the overall coverage population provides a basis for calculating the arrest rates for Blacks in the region.

4. Coverage Indicators. A comparison of the coverage population of the reporting local agencies and the overall census population produces a coverage indicator indicating the extent the reported data represents a particular region and its diversity.

The NORML Almanac of State Marijuana Statistics

New Jersey Marijuana Arrests

		<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
All	Arrests	21,831	22,412	23,172	22,674	22,223	23,343	21,476	20,932
All	Rate	274.78	280.57	287.74	279.41	272.91	277.42	253.12	243.67
All	Pct. Of Drug Arrests	40.50%	39.91%	38.44%	38.60%	40.52%	42.02%	40.05%	38.07%
All	Pct. Of All Arrests	5.40%	5.62%	5.58%	5.58%	5.85%	6.22%	5.77%	5.52%
Adult	Arrests	15,847	16,460	17,219	17,346	17,081	18,254	16,601	16,467
Adult	Rate	199.46	206.06	213.82	213.75	209.76	216.94	195.66	191.69
Adult	Pct. Of Drug Arrests	29.40%	29.31%	28.57%	29.53%	31.14%	32.86%	30.96%	29.95%
Adult	Pct. Of All Arrests	3.92%	4.13%	4.15%	4.27%	4.49%	4.87%	4.46%	4.34%
Juvenile	Arrests	5,983	5,952	5,953	5,328	5,142	5,089	4,875	4,464
Juvenile	Rate	75.31	74.51	73.92	65.66	63.15	60.48	57.46	51.97
Juvenile	Pct. Of Drug Arrests	11.10%	10.60%	9.88%	9.07%	9.37%	9.16%	9.09%	8.12%
Juvenile	Pct. Of All Arrests	1.48%	1.49%	1.43%	1.31%	1.35%	1.36%	1.31%	1.18%

New Jersey Marijuana Possession Arrests

		<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
All	Arrests	18,440	19,282	19,972	19,790	19,413	20,285	18,486	17,815
All	Rate	232.10	241.39	248.01	243.87	238.40	241.08	217.88	207.39
All	Pct. Of Drug Arrests	34.21%	34.34%	33.13%	33.69%	35.39%	36.52%	34.48%	32.40%
All	Pct. Of All Arrests	4.56%	4.83%	4.81%	4.87%	5.11%	5.41%	4.96%	4.70%
Adult	Arrests	13,377	14,217	14,831	15,156	14,907	15,872	14,287	13,967
Adult	Rate	168.37	177.98	184.17	186.77	183.07	188.63	168.39	162.59
Adult	Pct. Of Drug Arrests	24.81%	25.32%	24.61%	25.80%	27.18%	28.57%	26.65%	25.40%
Adult	Pct. Of All Arrests	3.31%	3.56%	3.57%	3.73%	3.92%	4.23%	3.84%	3.68%
Juvenile	Arrests	5,062	5,065	5,141	4,634	4,506	4,413	4,199	3,848
Juvenile	Rate	63.71	63.41	63.84	57.10	55.34	52.45	49.49	44.79
Juvenile	Pct. Of Drug Arrests	9.39%	9.02%	8.53%	7.89%	8.22%	7.94%	7.83%	7.00%
Juvenile	Pct. Of All Arrests	1.25%	1.27%	1.24%	1.14%	1.19%	1.18%	1.13%	1.01%

New Jersey Marijuana Sales Arrests

		<u>1995</u>	<u>1996</u>	<u>1997</u>	<u>1998</u>	<u>1999</u>	<u>2000</u>	<u>2001</u>	<u>2002</u>
All	Arrests	3,391	3,130	3,200	2,884	2,810	3,058	2,990	3,117
All	Rate	42.68	39.18	39.74	35.54	34.51	36.34	35.24	36.29
All	Pct. Of Drug Arrests	6.29%	5.57%	5.31%	4.91%	5.12%	5.51%	5.58%	5.67%
All	Pct. Of All Arrests	0.84%	0.78%	0.77%	0.71%	0.74%	0.82%	0.80%	0.82%
Adult	Arrests	2,470	2,243	2,388	2,190	2,174	2,382	2,314	2,500
Adult	Rate	31.09	28.08	29.65	26.99	26.70	28.31	27.27	29.10
Adult	Pct. Of Drug Arrests	4.58%	3.99%	3.96%	3.73%	3.96%	4.29%	4.32%	4.55%
Adult	Pct. Of All Arrests	0.61%	0.56%	0.58%	0.54%	0.57%	0.64%	0.62%	0.66%
Juvenile	Arrests	921	887	812	694	636	676	676	616
Juvenile	Rate	11.59	11.10	10.08	8.55	7.81	8.03	7.97	7.17
Juvenile	Pct. Of Drug Arrests	1.71%	1.58%	1.35%	1.18%	1.16%	1.22%	1.26%	1.12%
Juvenile	Pct. Of All Arrests	0.23%	0.22%	0.20%	0.17%	0.17%	0.18%	0.18%	0.16%

The NORML Almanac of State Marijuana Statistics

New Jersey Marijuana Possession Arrests - 2002

Population	8,590,300		Arrest Rate			Adults	White	Black	Indian	Asian
Coverage	97.14%		2000	248.34		Rate	191.37	431.61	87.98	28.94
Poss. Max.	6	months	2001	225.73		Arrest Pct.	52.88%	24.92%	0.09%	0.66%
Sales Max.	36	months	2002	213.39		Pop. Pct.	59.45%	10.17%	0.22%	4.76%
						Ratio	0.89	2.45	0.41	0.14
All	White	Black	Indian	Asian		Juveniles	White	Black	Indian	Asian
Rate	189.41	521.69	87.48	29.69		Rate	197.79	221.73	89.34	26.69
Arrest Pct.	69.74%	29.47%	0.12%	0.86%		Arrest Pct.	16.87%	4.55%	0.03%	0.20%
Pop. Pct.	77.61%	14.54%	0.30%	6.33%		Pop. Pct.	18.16%	4.37%	0.08%	1.57%
Ratio	0.90	2.03	0.40	0.14		Ratio	0.93	1.04	0.38	0.13
Total	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	1,392.12	1,091.47	367.74	178.91	112.01	82.96	46.50	27.09	10.01	4.61
Arrest Pct.	42.66%	28.35%	10.13%	6.14%	4.36%	3.34%	1.67%	0.85%	0.26%	0.09%
Pop. Pct.	6.54%	5.54%	5.88%	7.32%	8.31%	8.58%	7.68%	6.68%	5.51%	4.16%
Ratio	6.52	5.12	1.72	0.84	0.52	0.39	0.22	0.13	0.05	0.02
Male	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	2,354.03	1,858.52	644.87	310.51	190.06	139.75	81.33	46.21	18.65	8.57
Arrest Pct.	36.93%	24.80%	8.96%	5.30%	3.66%	2.77%	1.43%	0.70%	0.23%	0.08%
Pop. Pct.	3.35%	2.85%	2.97%	3.64%	4.10%	4.24%	3.76%	3.22%	2.63%	1.96%
Ratio	11.02	8.70	3.02	1.46	0.89	0.65	0.38	0.22	0.09	0.04
Female	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	382.72	280.65	85.26	48.83	35.88	27.58	13.13	9.34	2.08	1.09
Arrest Pct.	5.72%	3.54%	1.16%	0.84%	0.71%	0.56%	0.24%	0.15%	0.03%	0.01%
Pop. Pct.	3.19%	2.69%	2.91%	3.68%	4.21%	4.34%	3.92%	3.46%	2.87%	2.20%
Ratio	1.79	1.32	0.40	0.23	0.17	0.13	0.06	0.04	0.01	0.00
Total	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	621.92	931.44	1,585.86	2,038.57	1,865.88	1,550.14	1,272.38	1,057.48	892.69	653.43
Arrest Pct.	3.98%	5.85%	9.71%	12.18%	10.93%	8.52%	6.50%	5.42%	4.54%	3.37%
Pop. Pct.	1.37%	1.34%	1.31%	1.28%	1.25%	1.17%	1.09%	1.09%	1.09%	1.10%
Ratio	2.91	4.37	7.43	9.55	8.74	7.26	5.96	4.96	4.18	3.06
Male	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	1,028.54	1,544.67	2,719.61	3,421.42	3,195.55	2,609.36	2,184.42	1,776.04	1,541.09	1,119.21
Arrest Pct.	3.36%	4.99%	8.51%	10.47%	9.60%	7.45%	5.73%	4.66%	4.01%	2.96%
Pop. Pct.	0.70%	0.69%	0.67%	0.65%	0.64%	0.61%	0.56%	0.56%	0.56%	0.56%
Ratio	4.82	7.24	12.74	16.03	14.98	12.23	10.24	8.32	7.22	5.25
Female	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	198.70	283.19	399.76	585.87	466.21	405.99	309.69	303.23	214.48	163.18
Arrest Pct.	0.62%	0.86%	1.20%	1.71%	1.33%	1.07%	0.77%	0.76%	0.53%	0.41%
Pop. Pct.	0.67%	0.65%	0.64%	0.62%	0.61%	0.56%	0.53%	0.53%	0.53%	0.54%
Ratio	0.93	1.33	1.87	2.75	2.18	1.90	1.45	1.42	1.01	0.76

The NORML Almanac of State Marijuana Statistics

New Jersey Marijuana Sales Arrests - 2002

Population	8,590,300		Arrest Rate			Adults	White	Black	Indian	Asian
Coverage	97.14%		2000	37.44		Rate	22.46	134.01	23.99	5.11
Poss. Max.	6	months	2001	36.59		Arrest Pct.	36.00%	43.60%	0.13%	0.68%
Sales Max.	36	months	2002	37.32		Pop. Pct.	59.45%	10.17%	0.22%	4.76%
						Ratio	0.61	4.29	0.59	0.14
All	White	Black	Indian	Asian		Juveniles	White	Black	Indian	Asian
Rate	22.56	159.61	21.87	5.28		Rate	22.17	74.37	29.78	4.58
Arrest Pct.	46.81%	52.32%	0.19%	0.87%		Arrest Pct.	10.81%	8.72%	0.06%	0.19%
Pop. Pct.	77.61%	14.54%	0.30%	6.33%		Pop. Pct.	18.16%	4.37%	0.08%	1.57%
Ratio	0.60	3.60	0.63	0.14		Ratio	0.60	2.00	0.75	0.12
Total	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	218.82	205.19	81.99	37.16	15.86	12.85	5.46	4.49	1.52	1.44
Arrest Pct.	38.34%	30.48%	12.91%	7.29%	3.53%	2.95%	1.12%	0.80%	0.22%	0.16%
Pop. Pct.	6.54%	5.54%	5.88%	7.32%	8.31%	8.58%	7.68%	6.68%	5.51%	4.16%
Ratio	5.86	5.50	2.20	1.00	0.42	0.34	0.15	0.12	0.04	0.04
Male	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	394.78	363.96	143.44	67.17	25.98	19.80	9.57	8.20	2.27	3.06
Arrest Pct.	35.42%	27.78%	11.40%	6.55%	2.86%	2.25%	0.96%	0.71%	0.16%	0.16%
Pop. Pct.	3.35%	2.85%	2.97%	3.64%	4.10%	4.24%	3.76%	3.22%	2.63%	1.96%
Ratio	10.57	9.75	3.84	1.80	0.70	0.53	0.26	0.22	0.06	0.08
Female	Age 15-19	Age 20-24	Age 25-29	Age 30-34	Age 35-39	Age 40-44	Age 45-59	Age 50-54	Age 55-59	Age 60-64
Rate	34.18	37.36	19.36	7.49	5.98	6.07	1.53	1.04	0.83	0.00
Arrest Pct.	2.92%	2.70%	1.51%	0.74%	0.67%	0.71%	0.16%	0.10%	0.06%	0.00%
Pop. Pct.	3.19%	2.69%	2.91%	3.68%	4.21%	4.34%	3.92%	3.46%	2.87%	2.20%
Ratio	0.92	1.00	0.52	0.20	0.16	0.16	0.04	0.03	0.02	0.00
Total	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	71.05	154.64	270.58	310.16	301.88	245.24	234.24	221.36	184.28	138.31
Arrest Pct.	2.60%	5.56%	9.47%	10.60%	10.12%	7.71%	6.84%	6.49%	5.36%	4.08%
Pop. Pct.	1.37%	1.34%	1.31%	1.28%	1.25%	1.17%	1.09%	1.09%	1.09%	1.10%
Ratio	1.90	4.14	7.25	8.31	8.09	6.57	6.28	5.93	4.94	3.71
Male	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	132.44	274.84	491.54	557.70	541.94	423.09	419.75	404.42	332.39	235.74
Arrest Pct.	2.47%	5.07%	8.80%	9.76%	9.31%	6.90%	6.29%	6.07%	4.95%	3.56%
Pop. Pct.	0.70%	0.69%	0.67%	0.65%	0.64%	0.61%	0.56%	0.56%	0.56%	0.56%
Ratio	3.55	7.37	13.17	14.95	14.52	11.34	11.25	10.84	8.91	6.32
Female	Age 15	Age 16	Age 17	Age 18	Age 19	Age 20	Age 21	Age 22	Age 23	Age 24
Rate	7.16	27.58	39.41	50.11	49.18	53.14	38.43	29.20	29.35	35.76
Arrest Pct.	0.13%	0.48%	0.67%	0.83%	0.80%	0.80%	0.55%	0.42%	0.42%	0.51%
Pop. Pct.	0.67%	0.65%	0.64%	0.62%	0.61%	0.56%	0.53%	0.53%	0.53%	0.54%
Ratio	0.19	0.74	1.06	1.34	1.32	1.42	1.03	0.78	0.79	0.96

The NORML Almanac of State Marijuana Statistics

New Jersey

Marijuana Arrests by County

	Population		Arrests					Arrest Rates					Rank
	Size	1998	1999	2000	2001	2002	1998	1999	2000	2001	2002	2002	(Rates)
Atlantic	7	827	741	769	743	761	346.91	310.20	304.49	291.77	295.15		6
Bergen	8	1,715	1,580	1,625	1,694	1,672	199.91	183.39	183.80	190.02	185.24		19
Burlington	7	995	1,049	1,060	1,053	958	236.26	248.70	250.36	246.65	221.63		15
Camden	8	1,666	1,661	1,863	1,724	1,523	327.65	327.63	366.06	335.95	293.12		7
Cape May	6	697	679	644	600	524	704.89	689.96	629.36	581.52	501.60		1
Cumberland	6	365	414	402	373	366	257.06	293.97	274.52	252.61	244.82		12
Essex	8	2,632	2,347	2,060	2,088	2,108	347.79	311.90	259.57	260.92	260.17		9
Gloucester	7	1,032	956	1,109	969	899	416.19	384.30	435.46	377.35	345.77		2
Hudson	8	1,379	1,543	1,570	1,303	1,358	248.16	275.97	257.81	212.20	218.43		16
Hunterdon	6	233	299	410	450	422	191.76	243.37	336.10	365.84	338.85		3
Mercer	7	1,351	1,251	1,283	1,267	1,195	406.53	375.91	365.78	358.23	333.71		4
Middlesex	8	1,434	1,549	1,734	1,398	1,215	200.96	215.53	231.15	184.82	158.65		20
Monmouth	8	2,179	2,297	2,531	2,107	1,983	362.66	379.33	411.34	339.61	315.68		5
Morris	7	1,033	933	940	882	1,089	225.72	202.16	199.91	186.03	226.85		14
Ocean	8	1,302	1,494	1,498	1,320	1,337	268.77	303.95	293.20	256.23	256.33		10
Passaic	7	1,065	1,005	1,175	1,212	1,155	218.34	206.18	240.26	245.78	231.34		13
Salem	5	200	157	114	180	165	300.53	241.02	177.34	277.69	251.41		11
Somerset	7	473	434	536	500	567	169.56	152.88	180.17	166.68	186.69		18
Sussex	6	229	218	257	189	189	159.97	151.88	178.27	130.02	128.41		21
Union	8	1,510	1,288	1,341	1,039	1,113	300.81	256.39	256.63	197.19	208.64		17
Warren	6	184	206	304	278	289	185.76	208.20	296.77	269.15	276.35		8
State Total		22,674	22,223	23,343	21,476	20,932	279.41	272.91	277.42	253.12	243.67		