The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to implement the Connecticut Cancer Partnership’s priorities by funding selected projects and strategies of the Connecticut Comprehensive Cancer Control Plan, 2005-2008.

Funding

A total of up to $675,000 of state funds is available to support this project. Funding will be for an 18-month period beginning approximately January 1, 2008 through June 30, 2009 subject to the availability of funds and satisfactory performance.

Eligibility

Applications will be accepted from public and private organizations, community-based agencies and individuals.

Closing Date

An original and five copies of the completed proposal must be postmarked no later than October 12, 2007.

Place Due

Department of Public Health
Office of Multicultural Health
410 Capitol Avenue, MS#13MHCC
P.O. Box 340308
Hartford, CT 06134-0308
Attention: Shiu’Yu Kettering, Health Program Associate, shiu-yu.kettering@ct.gov
Office of Multicultural Health/Comprehensive Cancer, Comprehensive Cancer Section, Comprehensive Cancer Program

Further Information

Applicants who download the RFP from the DPH web site must send written notice of their intent to apply to the DPH. The written notice must identify which option(s) the applicant intends to submit an application. This notice can be sent using either the postal address or the e-mail address provided under “place due” above by September 19, 2007.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must be submitted in writing by September 24, 2007 to Shui’Yu Kettering. A copy of all written questions and responses will be provided to all applicants request the RFP or who send a written request for such information to Shui’Yu Kettering. Responses to questions will be sent via e-mail to applicants who provide their e-mail address to the contact person listed above.
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I. **Statement of Purpose**

This Request For Proposals presents a selection of project options. Applicants may apply to receive funding for one or more options; however, a separate and complete application package (application forms in Attachment A) is required in response to each specific option.

Proposals are requested to address the following:

**Option A: Evaluation – up to $180,000 available**

An independent evaluator (individual or agency) is sought to:

1. Conduct a process evaluation of CT Comprehensive Cancer Plan implementation including priority-setting and budgeting methodologies.
2. Coordinate the process and outcomes evaluation of state-funded comprehensive cancer projects to include colorectal cancer screening pilot, statewide clinical trials network development, smoking cessation programs, nutrition curriculum pilot, partnership development and communications, and projects listed under B) and C) of this announcement.
3. Prepare an annual evaluation report addressing progress made in meeting the goals and objectives of the CT Comprehensive Cancer Plan.
4. Plan and conduct an evaluation of the CT Cancer Partnership that includes member-partner composition, needs and expertise; Partnership self-assessment; and organizational structure and function.

**Option B: Survivorship – up to $245,000 available**

A contractor is sought to:

1. Develop and conduct a comprehensive cancer survivor needs assessment for the state through regional hearings and other data gathering techniques. Such assessment shall include input from a broad representation of CT cancer survivors across gender, age, cancer diagnosis, income, race, and geographic residency groups. The successful contractor will ensure outreach to underserved groups, include an evaluation component, a strategy for sustaining the project over time, a mechanism to identify the project as a CT Cancer Partnership initiative, and a plan to promote the project in a manner that reaches the required broad base of survivors.
2. Compile an inventory of all CT resources that are available to CT cancer survivors along their continuum of need. This listing will include all existing organizations and groups that currently offer survivorship services or activities and will provide a means to access the resource listing via internet database and print version.

**Option C: Palliative Care and Hospice – up to $250,000 available (see initiative limits below)**

Contractors are sought to carry out one or more of the following initiatives:

1. To identify education gaps and guide future education strategies, the contractor will perform a baseline comprehensive needs assessment to identify available CT-based
hospice/palliative care education resources and related unmet educational needs of CT providers and consumers. Input for this assessment will be gathered from all stakeholder groups with results compiled into a centralized database and findings disseminated to providers, consumers and policy makers. (one @ up to $75,000)

2. Based upon current evidence, available assessments, evidence-based best practices, and collaboration with CT academic institutions, including programs for medicine, nursing, social work, allied health, ministry and religious studies, the contractor will develop a plan for incorporating or enhancing curricula addressing palliative and end of life care in these and other relevant academic programs. (one @ up to $75,000)

3. Based upon current evidence and available assessments, provide community-based palliative and end of life care education programs for providers at hospitals, long-term care facilities, prisons, visiting nurse agencies and community-based organizations. (up to 6 contractors @ $10-20,000 ea.)

II. Background

Despite progress in the fight against cancer, more than 20,000 Connecticut residents are expected to be diagnosed with cancer this year and more than 7,000 will die of the disease. While the overall rate of new cancer cases in Connecticut has stabilized, and the death rate has been decreasing due in large part to earlier detection and improved treatment, the number of Connecticut residents who are living with, or have survived cancer is growing. Although it is not yet possible to eradicate cancer, strategies can be developed to prevent or delay the onset of many cancers, to detect and treat cancers at earlier stages with better treatment regimens, to improve quality of life for survivors and to ease suffering at the end of life. Much work is still needed in all these areas, which collectively form the continuum of care.

The Connecticut Cancer Partnership was created in response to the U.S. Centers for Disease Control and Prevention's (CDC) comprehensive cancer control initiative to fund the development of comprehensive state plans that would maximize resources through integration and coordination of cancer prevention and treatment programs and services. This statewide partnership has taken a fresh look, using sound scientific and clinical best practices, at cancer prevention and treatment and has developed top priorities in five areas along the continuum of cancer care – prevention, early detection, treatment, survivorship, and palliative and hospice care. With special attention to the importance of reducing cancer-related disparities between different population groups, the Partnership developed the Connecticut Comprehensive Cancer Control Plan, 2005-2008 and continues to assess the burden of cancer, set priorities, formulate and carry out a comprehensive cancer control plan for the state.

During the 2006 legislative session, the Connecticut General Assembly awarded $7.15 million in new funding to begin implementing selected priorities from the Connecticut Comprehensive Cancer Control Plan, 2005-2008. This Request For Proposals addresses two priority areas from the continuum of care within comprehensive cancer prevention and control.
III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment A. A complete and separate set of Application Forms located in Attachment A is required for each specific option. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages.

A. Applicant Information

The application must contain the official name, address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract.

B. Contractor Information

In order for the Office to communicate effectively with the contractor, it is necessary to have accurate information about contractor staff that is responsible for certain functions.

Please provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:
   1. Contract and legal documents/forms
   2. Program progress reports
   3. Financial expenditure reports

Accurate information is needed by the Office concerning the applicant’s legal status.

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency’s federal employer ID number and/or town code number, the applicant’s Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

C. Services to be provided

The contractor must provide the following services and the contractor’s approach must be addressed in the proposal:

A. Evaluation:

The contractor must provide the following services and the contractor’s approach must be addressed in the proposal:

1) Plan and conduct a retrospective evaluation of the CT Comprehensive Cancer planning process, including CT Cancer Partnership development, priority-setting, budgeting and operating processes and procedures.

2) Coordinate and facilitate, in collaboration with the selected contractors and contract management teams, the development of meaningful process and outcome objectives for state-funded comprehensive cancer projects to include colorectal cancer screening pilot, clinical trials network development, smoking cessation programs, nutrition curriculum pilot, partnership development and communications, and projects listed
under Statement of Purpose, Option B and C, of this announcement. Contract management teams will be composed of members of the CT Cancer Partnership committee of cognizance and Department of Public Health staff.

3) Plan and conduct an independent evaluation of the individual comprehensive cancer projects in the context of implementing the CT Comprehensive Cancer Control Plan.

4) Prepare an annual evaluation report to be submitted to DPH in electronic (PDF) and paper formats addressing progress made in meeting the goals and objectives of the CT Comprehensive Cancer Plan.

5) Plan and conduct an evaluation of the CT Cancer Partnership that includes organizational structure and function; member-partner composition; needs and expertise; and Partnership self-assessment.

6) Participate and provide documentation to DPH of participation in contract management team meetings and/or conference calls as requested by DPH; attend CT Cancer Partnership annual meeting, and monthly Board meetings.

7) Collaborate with the CT Cancer Partnership and its committees (e.g., Communications) as deemed appropriate by the DPH Project Manager.

8) Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.

9) Submit to DPH a report in electronic (PDF) and paper formats, describing the process and outcome evaluation of: the CT Comprehensive Cancer planning process; development of meaningful process and outcome objectives for the identified state-funded comprehensive cancer projects to include colorectal cancer screening pilot, clinical trials network development, smoking cessation programs, nutrition curriculum pilot, partnership development and communications, and projects listed under Statement of Purpose, Option B and C of this announcement; individual comprehensive cancer projects in the context of implementing the CT Comprehensive Cancer Control Plan; and, addressing progress made in meeting the goals and objectives of the CT Comprehensive Cancer Plan.

B. Survivorship Services:
The contractor must provide the following services and the contractor’s approach must be addressed in the proposal:

1) Conduct a comprehensive assessment of cancer survivor needs in Connecticut.
   a. Conduct, at minimum, twenty (20) regional hearings (location and time require approval by the DPH Project Manager) to be geographically dispersed throughout Connecticut, and other data gathering techniques to assess cancer survivor needs within the state. Such assessment shall include input from a broad representation of CT cancer survivors across gender, age, cancer diagnosis, income, race, and geographic residency groups.
   b. Conduct outreach to underserved groups to insure a broad representation of perspectives are included in gathering assessment information.
   c. Include an evaluation component, a strategy for sustaining the project over time, a mechanism to identify the project as a CT Cancer Partnership
initiative, and a plan to promote the project in a manner that reaches the required broad base of survivors.

d. Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.

e. Submit to DPH a report in electronic (PDF) and paper formats, of the comprehensive assessment of cancer survivor needs in Connecticut, describing the processes and outcomes of the data gathering including efforts to outreach to underserved groups; strategies for sustaining the project over time; mechanisms to identify the project as a CT Cancer Partnership initiative; and a plan to promote the project in a manner that reaches the required broad base of survivors.

2) Compile and produce an inventory of current cancer survivor resources available to CT residents.

f. Identify cancer survivor resources currently available, and produce an inventory of the resources in a format to be jointly approved by the DPH Project Manager and the Connecticut Cancer Partnership’s Survivorship Committee.

g. Coordinate with DPH and designated representatives of the American Cancer Society (ACS) to make the inventory data available through ACS’s existing website with appropriate links to DPH’s and the Connecticut Cancer Partnership websites.

h. Provide inventory data in both print and electronic format to the DPH, such that the data can be updated in future years.

i. Incorporate an evaluation protocol, requiring joint approval by the DPH Project Manager and the Connecticut Cancer Partnership’s Data, Surveillance, and Evaluation Committee, to assess the use and value of this information for cancer survivors in CT.

j. Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.

k. Submit to DPH a report in electronic (PDF) and paper formats, of the inventory of current cancer survivor resources available to CT residents, including the inventory data in both print and electronic format; documentation of the inventory data availability on the American Cancer Society’s existing website and of the appropriate links to DPH’s and Connecticut Cancer Partnership’s websites; and the evaluation protocol to assess the use and value of this information for cancer survivors in CT.

3) Collaborate with the CT Cancer Partnership and its committees (e.g., Communications) as deemed appropriate by the DPH Project Manager.
B. Palliative and Hospice Care:

The contractor(s) must provide the following services and the approach must be addressed in the proposal:

1) Perform a baseline comprehensive needs assessment.
   a. Identify available CT-based hospice/palliative care education resources and related unmet educational needs of CT providers and consumers.
   b. Coordinate with designated representatives of the American Cancer Society to make the resource data available through their existing website with appropriate links to DPH’s and the Connecticut Cancer Partnership websites.
   c. A report, submitted to DPH in electronic (PDF) and paper formats, of the baseline comprehensive needs assessment identifying the processes and outcomes of available CT-based hospice/palliative care education resources and related unmet educational needs of CT providers and consumers.
   d. Develop a dissemination plan for needs assessment findings, and upon approval by DPH Project Manager, disseminate needs assessment findings to providers, consumers and policy makers.
   e. Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.
   f. Submit to DPH a report in electronic (PDF) and paper formats, of the inventory of hospice/palliative care education resources available to CT residents, including the inventory data in both print and electronic format; documentation of the resource data availability on the American Cancer Society’s existing website; and documenting of the dissemination of needs assessment findings to providers, consumers and policy makers.

2) Develop a plan for incorporating or enhancing curricula addressing palliative and end of life care in relevant academic programs.
   a. Develop the plan in collaboration with CT academic institutions, including programs for medicine, nursing, social work, allied health, ministry and religious studies.
   b. Incorporate current evidence-based best practices and needs assessment data to guide the content of curricula.
   c. Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.
   d. Submit to DPH a detailed plan in electronic (PDF) and paper formats, for incorporating or enhancing curricula addressing palliative and end of life care in relevant academic programs, including documentation of collaboration with CT academic institutions, including programs for medicine, nursing, social work, allied health, ministry and religious studies during implementation processes, and documentation that current evidence-based best practices and needs assessment data were utilized to guide the content of curricula.
3) Provide community-based palliative and end of life care education programs for providers at hospitals, long-term care facilities, prisons, visiting nurse agencies, and community-based organizations. (up to 6 contractors @ $10-20,000 ea.)
   a. Incorporate an evaluation protocol to assess programs.
   b. Leverage community resources to minimize cost of programs and maximize community participation.
   c. Incorporate current evidence-based best practices and available needs assessment data to guide the content of curricula.
   d. Provide appropriate continuing education credits to program participants.
   e. Include an evaluation component, a mechanism to measure the reach and effectiveness of palliative and end of life education programs.
   f. Prepare, and submit to DPH, quarterly interim progress reports that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.
   g. Submit to DPH a report in electronic (PDF) and paper formats, documenting the provision of community-based palliative and end of life care education programs for providers at hospitals, long-term care facilities, prisons, visiting nurse agencies, and community-based organizations; including the evaluation protocol used to assess the programs, evidence of leveraging community resources to minimize cost of programs and maximize community participation, documentation that current evidence-based best practices and available needs assessment data to guide the content of curricula; and documentation that appropriate continuing education credits were provided to program participants.

4) Collaborate with the CT Cancer Partnership and its committees (e.g., Communications) as deemed appropriate by the DPH Project Manager.

D. Budget

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. Competitiveness of the budget will be considered as part of the proposal review process.

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected Contractor must provide DPH with four copies of the subcontract. All information required of the contractor must be applied to the subcontractor as well.
Copies of state set aside certifications for small and/or minority business must also be provided.

Payments will be negotiated based on time frames and deliverables described in section V of this RFP.

E. Work plan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. The work plan must be consistent with the RFP and the project’s goals and objectives. The project start date will be considered as part of the review criteria for this RFP.

F. Staffing

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Attachment A. Resumes must be provided for all professional staff assigned to this project.

G. Contract Compliance

The proposal must include a completed Notification to Bidders form (return one and keep one for your records) and a Workforce Analysis Questionnaire. In addition, proposals must include a signed statement of adherence to Assurances. These forms are included in Attachment A.

IV. Application Procedures

A. Applicants must complete their proposal using the following procedures:

1. An original and five copies of the completed proposal must be addressed to: Shiu-Yu Kettering, Office of Multicultural Health/Comprehensive Cancer, Comprehensive Cancer Section, and must be received at DPH no later than October 12, 2007.

2. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP. A separate and complete set of Application Forms must be submitted in response to each specific option.

3. The proposal must be signed by an authorized official of the applicant organization.
4. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by DPH.

5. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant on or about November 9, 2007 with an effective project start date on or about January 1, 2008.

V. Deliverables

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for approval. These documents, along with the required services, will be the indicators for measuring the performance of the contractor. Development of these deliverables must be included as objectives in the project work plan described in Section III of this RFP (work plan forms are included in Attachment A). A payment schedule will be negotiated based upon the following deliverables:

A. Evaluation:

1) A report, submitted to DPH in electronic (PDF) and paper formats, describing the process and outcome evaluation of:
   a. CT Comprehensive Cancer planning process (retrospectively), including CT Cancer Partnership development, priority-setting, budgeting and operating processes and procedures
   b. developing meaningful process and outcome objectives for the identified state-funded comprehensive cancer projects to include colorectal cancer screening pilot, clinical trials network development, smoking cessation programs, nutrition curriculum pilot, partnership development and communications, and projects listed under Statement of Purpose, Option B and C of this announcement
   c. individual comprehensive cancer projects in the context of implementing the CT Comprehensive Cancer Control Plan
   d. Addressing annual progress made in meeting the goals and objectives of the CT Comprehensive Cancer Plan
   e. CT Cancer Partnership that includes organizational structure and function; member-partner composition; needs and expertise; and Partnership self-assessment

2) Documentation, submitted to DPH, of participation in contract management team meetings and/or conference calls as requested, participation in CT Cancer Partnership annual meeting and monthly Board meetings.

3) Submission of quarterly interim progress reports to DPH that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.

B. Survivorship Services:
1) A report, submitted to DPH in electronic (PDF) and paper formats, of the comprehensive assessment of cancer survivor needs in Connecticut, describing the processes and outcomes of the data gathering including efforts to outreach to underserved groups; strategies for sustaining the project over time; mechanism to identify the project as a CT Cancer Partnership initiative; and a plan to promote the project in a manner that reaches the required broad base of survivors.

2) A report, submitted to DPH in electronic (PDF) and paper formats, of the inventory of current cancer survivor resources available to CT residents, including the inventory data in both print and electronic format; documentation of the inventory data availability on the American Cancer Society’s existing website; and the evaluation protocol to assess the use and value of this information for cancer survivors in CT.

3) Submission of quarterly interim progress reports to DPH that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.

C. Palliative and Hospice Care:

1) A report, submitted to DPH in electronic (PDF) and paper formats, of the baseline comprehensive needs assessment identifying the processes and outcomes of available CT-based hospice/palliative care education resources and related unmet educational needs of CT providers and consumers.

2) A report, submitted to DPH in electronic (PDF) and paper formats, of the inventory of hospice/palliative care education resources available to CT residents, including the inventory data in both print and electronic format; documentation of the resource data availability on the American Cancer Society’s existing website; and documenting of the dissemination of needs assessment findings to providers, consumers and policy makers.

3) A detailed plan, submitted to DPH in electronic (PDF) and paper formats, for incorporating or enhancing curricula addressing palliative and end of life care in relevant academic programs, including documentation of collaboration with CT academic institutions, including programs for medicine, nursing, social work, allied health, ministry and religious studies during implementation processes, and documentation that current evidence-based best practices and needs assessment data were utilized to guide the content of curricula.

4) A report, submitted to DPH in electronic (PDF) and paper formats, documenting the provision of community-based palliative and end of life care education programs for providers at hospitals, long-term care facilities, prisons, visiting nurse agencies, and community-based organizations; including the evaluation protocol used to assess the programs, evidence of leveraging community resources to minimize cost of programs and maximize community participation, documentation that current evidence-based best practices and available needs assessment data to guide the content of curricula; and documentation that appropriate continuing education credits were provided to program participants.

5) Submission of quarterly interim progress reports to DPH that include a summary of on-going progress of activities and any problems encountered, with proposed solutions.
VI.  Supervision

The DPH Project Manager within the Office of Multicultural Health/Comprehensive Cancer will provide supervision.

VII.  Review Criteria

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment C, Minimum Requirements Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

A.  Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment C, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

B.  Technical Requirements

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which the applicant has demonstrated successful experience providing similar services. Priority will be given to applicants as follows:
   - Option A – experience conducting process and outcome evaluation
   - Option B – experience conducting needs assessments that include broad community representation, and knowledge of services needed by cancer survivors
   - Option C – experience, knowledge, and provision of hospice/palliative care education

2. The Department’s prior experience with the applicant organization, including issues of contract compliance.

3. The extent to which references provided support the applicant’s success in providing similar services.

4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.

5. The extent to which adequate time is allocated to manage the services to be provided.

6. The extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided.
7. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.

8. The extent to which a cost effective budget is presented which follows eligibility guidelines.

9. The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.

10. The **FISCAL COMPETITIVENESS OF THE PROPOSAL**.

C. Review Process

A panel of appropriate staff and outside experts will review proposals, which meet the minimum requirements. This panel will make recommendations concerning the selection of a proposal for funding. Recommendations to the Commissioner will be submitted in rank order based on Team Scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Personal Service or Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

VIII. Regulatory Compliance

The applicant is required to be in compliance with any applicable provisions of the Regulations of Connecticut State Agencies, if a current recipient of funding from DPH and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, as amended by Public Act 07-142, Section 9, the awardee shall agree and warrant that in the performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status (including civil unions, per Public Act 07-245, Section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut.

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation.
Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or her/his agent, except in the case of a bona fide occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person's sexual orientation or civil union status.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

Further, in accordance with the Contract Compliance Regulations of Connecticut State Agencies, the applicant will be required to complete the Notification To Bidders form and the Workforce Analysis Questionnaire as part of the application process (included in Attachment A).

IX. Affirmative Action Notice

DPH strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. DPH urges its bidders, suppliers, contractors and awardees to implement affirmative action plans and programs of their own, and hereby notifies all DPH bidders, suppliers, contractors and awardees that DPH will not knowingly do business with, or make awards to, any individual or organization excluded from participation in any federal or state contract program, or found to be in violation of any state or federal anti-discrimination law.

X. Rights Reserved to the State

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
XI. ATTACHMENTS
REQUEST FOR PROPOSAL
RFP # 2008-0910
Connecticut Comprehensive Cancer Control Program

DEPARTMENT OF PUBLIC HEALTH
OFFICE OF MULTICULTURAL HEALTH/COMPREHENSIVE CANCER

A. Applicant Information

Applicant Agency: ____________________________________________

Legal Name

Address

City/Town  State   Zip Code

Telephone No.    FAX No.    E-Mail Address

Contact Person: __________________________________ Title: ___________________________

Telephone No: _________________

TOTAL PROGRAM COST: $__________

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

_________________________________________  _________________
Signature of Authorizing Official:    Date

_____________________________________________________
Typed Name and Title

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

• Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
• Mailing address
• Main telephone number
• Fax number, if any
• Principal contact person for the application (person responsible for developing application)
• Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.
## B. CONTRACTOR INFORMATION

Please list the agency contact persons responsible for completion and submittal of:

### Contract and Legal Documents/Forms:

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</tr>
<tr>
<td>Street</td>
<td>Town</td>
<td>Zip Code</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Fax No.</td>
<td></td>
</tr>
</tbody>
</table>

**Incorporated:** 
- [ ] YES 
- [ ] NO

**Agency Fiscal Year:**

**Type of Agency:**
- [ ] Public
- [ ] Private
- [ ] Other, 

- [ ] Profit
- [ ] Non-Profit

**Federal Employer I.D. Number:**

**Medicaid Provider Status:**
- [ ] YES 
- [ ] NO

**Minority Business Enterprise (MBE):**
- [ ] YES 
- [ ] NO

**Women Business Enterprise (MBE):**
- [ ] YES 
- [ ] NO

**Town Code No:**

**Medicaid Number:**

18
C. Services to be Provided

1. Describe your experience providing the kinds of services described in the “Services to be Provided” section of the RFP.

2. Provide at least two references (with their telephone numbers) that may be contacted to support your description of your experience in providing these services.
3. Briefly describe the approach to the services you will provide as outlined in the “Services to be Provided” section of the RFP. Use the Workplan form to elaborate (see Section E of this application).

4. Briefly state the hours of operation of your organization and indicate the suitability of these hours to the Services and Deliverables required in this proposal.
A. **Instructions Budget Summary 1**

I. **Personnel** (lines #1 - #5) each person funded:

   a) Name of person & Title
   b) Hourly rate, # hours working per week, and # of weeks. (calculate)
   c) Fringe benefit rate. (calculate)

   **Example:**
   
<table>
<thead>
<tr>
<th>Name &amp; Position:</th>
<th>John Smith, Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calculation:</td>
<td>$25.00 hr X 35hrs X 45wks</td>
</tr>
<tr>
<td>Fringe Benefit:</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>$39,375</td>
</tr>
<tr>
<td></td>
<td>$10,238</td>
</tr>
</tbody>
</table>

II. **Line #11 Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.

III. **Lines #6 - #13** complete categories as appropriate,

IV. **Line # 14**: Other Expenses are any other types of expense that do not fit into the categories listed.

   **For example:** Equipment (purchasing a computer at a cost of $1,500). Please note that the state’s definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least $2,500 or more.

V. **Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.

VI. **Line Item #15 Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:


VII. Administrative and General Costs must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

IX. **2 Year Contracts**: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead.
B. Budget Justification Schedule B

I. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

***Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.

II. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

Example:

<table>
<thead>
<tr>
<th>Line Item (Description)</th>
<th>Amount</th>
<th>Justification - Breakdown of Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$730</td>
<td>1,659 miles @ .44 = $730.00 outreach workers going to meetings and site visits.</td>
</tr>
</tbody>
</table>

C. Subcontractor Schedule A--Detail

I. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. *For example:* The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor “A” is providing services to both program there must be a separate budget for Subcontractor “A” for each.

II. Detail of Each Subcontractor:

Choose a category below for each subcontract using the basis by which it is paid:

- [ ] A. Budget Basis
- [ ] B. Fee for Service
- [ ] C. Hourly Rate.

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

**Example A. Budget Basis**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Educator</td>
<td>$20/hr x 20hrs/wk x 50wks</td>
</tr>
<tr>
<td>Travel</td>
<td>590 miles @ .44 cents/mile</td>
</tr>
<tr>
<td>Supplies</td>
<td>500</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$20,760</strong></td>
</tr>
</tbody>
</table>

**Example B. Fee for Service:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Develop and Produce</td>
<td></td>
</tr>
<tr>
<td>500 Videos @ $10 each</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,000</strong></td>
</tr>
</tbody>
</table>

**Example C. Hourly Rate:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Quality Assurance Review of 200 Patient Charts by Nurse Clinician 200 hours @ $25/hour</td>
<td>$5,000</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$5,000</strong></td>
</tr>
</tbody>
</table>

***Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel:</strong></td>
<td></td>
</tr>
<tr>
<td>1) Name &amp; Position:</td>
<td></td>
</tr>
<tr>
<td>Calculation:</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefit:</td>
<td>%</td>
</tr>
<tr>
<td>2) Name &amp; Position:</td>
<td></td>
</tr>
<tr>
<td>Calculation:</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefit:</td>
<td>%</td>
</tr>
<tr>
<td>3) Name &amp; Position:</td>
<td></td>
</tr>
<tr>
<td>Calculation:</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefit:</td>
<td>%</td>
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<tr>
<td>4) Name &amp; Position:</td>
<td></td>
</tr>
<tr>
<td>Calculation:</td>
<td></td>
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<tr>
<td>Fringe Benefit:</td>
<td>%</td>
</tr>
<tr>
<td>5) Name &amp; Position:</td>
<td></td>
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<tr>
<td>Calculation:</td>
<td></td>
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<tr>
<td>Fringe Benefit:</td>
<td>%</td>
</tr>
<tr>
<td>6) Travel per mile X miles</td>
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<tr>
<td>7) Training</td>
<td></td>
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<td>8) Educational Materials</td>
<td></td>
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<tr>
<td>9) Office Supplies</td>
<td></td>
</tr>
<tr>
<td>10) Medical Materials</td>
<td></td>
</tr>
<tr>
<td>11) Contractual (Subcontracts)***</td>
<td></td>
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<tr>
<td>12) Telephone</td>
<td></td>
</tr>
<tr>
<td>13) Advertising</td>
<td></td>
</tr>
<tr>
<td>14) Other Expenses (List Below)</td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
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<tr>
<td>c)</td>
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<td>d)</td>
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<td>e)</td>
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<tr>
<td>f)</td>
<td></td>
</tr>
<tr>
<td>15) Administrative and General Costs</td>
<td></td>
</tr>
<tr>
<td><strong>Total DPH Grant</strong></td>
<td></td>
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</tbody>
</table>

Other Program Income:

*** Complete Subcontractor Schedule A
## Budget Justification Schedule B

<table>
<thead>
<tr>
<th>Line Item (Description)</th>
<th>Amount</th>
<th>Justification including Breakdown of Costs</th>
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</table>
### Subcontractor Schedule A-Detail

#### #1

<table>
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<tr>
<th>Line Item</th>
<th>Amount</th>
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</tbody>
</table>

Total Subcontract Amount: 

#### #2

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
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<tbody>
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</table>

Total Subcontract Amount: 

#### #3

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
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<tbody>
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</tbody>
</table>

Total Subcontract Amount: 
### E. Workplan (make as many blank pages as needed)

<table>
<thead>
<tr>
<th>Services to be Provided</th>
<th>Activities</th>
<th>Staff Position(s) Responsible</th>
<th>Expected Outcomes and Measures of Success</th>
<th>Timetable</th>
</tr>
</thead>
</table>
**F. Staffing**

Profile of Staff Providing Services (see Section E of this RFP). Please provide the information requested below.

<table>
<thead>
<tr>
<th>Professional Staff*</th>
<th>Name</th>
<th>Title</th>
<th>Hourly Rate</th>
<th>Assigned to Project: # hrs/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 1</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Position 2</td>
<td></td>
<td></td>
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<tr>
<td>Position 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clerical/Support Staff:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Position 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Attach Resumes for all Professional Staff
G. Assurances

Any prospective contractor must agree to adhere to the following conditions and must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.

A. Conformance with Statutes - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.

B. Ownership of Proposals - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).

C. Reports and Information - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

D. Timing and Sequence - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.

E. Stability of Proposed Prices - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.

F. Oral Agreements - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

G. Amending or Canceling Requests - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.

H. Rejection for Default or Misrepresentation - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.
I. **State’s Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.

J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.

K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.

M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant’s proposal preparation.

N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.

____________________________________________  ______________________________
Signature      Date

On behalf of:

____________________________________________________________________________
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

J. Robert Galvin, M.D., M.P.H.
Commissioner

M. Jodi Rell
Governor

AFFIRMATIVE ACTION
CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state’s nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.
NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority Business Enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians.” The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder’s qualifications under the contract compliance requirements.

a) the bidder’s success in implementing an affirmative action plan;

b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;

c) the bidder’s promise to develop and implement a successful affirmative action plan;

d) the bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,

e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

The undersigned acknowledges receiving and reading a copy of the “Notification to Bidders” form.

________________________________ _______    __________________________
Signature         Date

On behalf of: ________________________________
WORKFORCE ANALYSIS

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Overall Totals (sum of all cols. male &amp; female)</th>
<th>White (not of Hispanic Origin)</th>
<th>Black (not of Hispanic Origin)</th>
<th>Hispanic</th>
<th>Asian or Pacific Islander</th>
<th>American Indian or Alaskan Native</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>Officials &amp; Managers</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
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<tr>
<td>Technicians</td>
<td></td>
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<tr>
<td>Office &amp; Clerical</td>
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<tr>
<td>Craft Workers (skilled)</td>
<td></td>
<td></td>
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<tr>
<td>Operatives (semi-skilled)</td>
<td></td>
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<tr>
<td>Laborers (unskilled)</td>
<td></td>
<td></td>
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<tr>
<td>Service Workers</td>
<td></td>
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<td>Totals Above</td>
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<tr>
<td>Totals 1 year Ago</td>
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</table>

FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)

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</tr>
</thead>
<tbody>
<tr>
<td>Apprentices</td>
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EMPLOYMENT FIGURES WERE OBTAINED FROM: Visual Check: Employment Records Other:

1. Have you successfully implemented an Affirmative Action Plan? □ YES □ NO Date of implementation: ___________________ If the answer is "No", explain.

1a. Do you promise to develop and implement a successful Affirmative Action?
   □ YES □ NO □ Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: □ YES □ NO □ Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? □ YES □ NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises? □ YES □ NO Explanation:

_______________________________________   ________________________
Contractor’s Authorized Signature          Date
## Applicant

### Criteria

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Maximum Points</th>
<th>Bidder’s Points</th>
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<tbody>
<tr>
<td>1. The extent to which applicant has demonstrated successful experience providing similar services.</td>
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<td>2. The Department’s prior experience with the applicant organization including issues of contract compliance.</td>
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<td>3. The extent to which references support the applicant’s success providing similar services.</td>
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<td>4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.</td>
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<td>5. The extent to which adequate time is allocated to manage the services to be provided.</td>
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<td>6. The extent to which the profile of staff who will be working on this project is clear and adequate to manage the services to be provided.</td>
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<td>7. The extent to which a thorough workplan is presented with measurable objectives and specific, appropriate timelines.</td>
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<td>8. The extent to which a cost effective budget is presented which follows eligibility guidelines.</td>
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<td>9. The extent to which contractor provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.</td>
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<td>10. The fiscal competitiveness of the proposal.</td>
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**TOTAL** (100) ( )
ATTACHMENT C          MINIMUM REQUIREMENTS CHECKLIST

_______________________________________
Applicant

1. Resumes provided for all professional staff assigned to this project.   

2. Completed Notification to Bidders form included in proposal.   

3. Completed Workforce Analysis Questionnaire included in proposal.   

4. Signed Statement of Adherence to Assurances included in proposal.   

5. An original and 5 copies of the completed proposal must be received at DPH no later than 4:00 pm October 12, 2007.   

6. Proposal is completed on Application Forms included in Attachment A.   

7. The proposal is signed by an authorized official of the Applicant Organization.   

[Rev. 7/2007; 2008RFEMPLATE]