

Connecticut Department of Public Health

Request for Proposal

RFP #2007-0918

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to conduct the ***National HIV Behavioral Surveillance Project***.

Funding

A total of up to \$720,000 of Federal (CDC) funds is available to support this project (\$240,000 per year). Funding will be for a three-year period beginning January 2, 2008 subject to the availability of funds and satisfactory program 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 May 2, 2007.

Place Due

Amor Gamarra
Connecticut Department of Public Health
410 Capitol Avenue MS #11-ASV
P.O. Box 340308
Hartford CT 06134-0308

amor.gamarra@po.state.ct.us

Further Information

Applicants who download the RFP from the DPH web site must send written notice of their intent to apply to the DPH by April 9, 2007. This notice can be sent using either the postal address or the e-mail address provided under "place due" above.

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 April 9, 2007 to Amor Gamarra: e-mail at amor.gamarra@po.state.ct.us. A copy of all written questions and responses will be provided to all applicants who request the RFP or who send a written request for such information to the DPH Principal Investigator. Responses to questions will be sent by e-mail.

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I. Statement of Purpose

The purpose of this ongoing project is to evaluate local and national prevention efforts by identifying the prevalence and trends of sexual and drug-use risk behaviors that place people at risk for HIV infection. Populations targeted for HIV behavioral surveillance include men who have sex with men (MSM) (2008), injection drug users (IDUs) (2009), and high-risk heterosexuals (HRH) (2010).

II. Background

Based on a 1999 review of national HIV prevention program gaps, CDC's Advisory Committee for HIV and STD Prevention and other external experts called for the development of a national plan for HIV/AIDS prevention. In 2000, CDC in collaboration with representatives from state and local health departments, academic institutions, and clinical and prevention entities initiated a strategic planning process that culminated in the development of CDC's HIV Prevention Strategic Plan Through 2005. Four national goals were identified to reduce by half the annual number of new HIV infections in the US. One of the goals is to strengthen the national capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts. As an initial step to meet this goal, in 2002 CDC awarded approximately \$6 million in supplemental funds to state and local health departments to pilot a surveillance system to monitor behaviors that place people at risk for HIV infection.

In 2004, eligible Metropolitan Statistical Areas (MSA) in 25 states were funded through a cooperative agreement with CDC to participate in the National HIV Behavioral Surveillance (NHBS). The objectives of the NHBS are to assess:

- HIV risk behaviors;
- HIV testing behaviors;
- Exposure to and impact of preventions services;
- Trends over time.

The NHBS project will be conducted in three 12-month cycles:

- First year (2008): Men who have sex with men (MSM);
- Second year (2009): Injection drug users (IDUs);
- Third year (2010): High-risk heterosexual (HRH).

DPH was funded in 2004 to conduct the Behavioral Surveillance system in the New Haven MSA (New Haven and Fairfield Counties). In 2005 the IDU cycle was conducted and the HRH cycle is being conducted in 2006/07. This RFP is to continue the project for an additional three years starting in 2008. It is anticipated the project will be repeated in subsequent years to establish trends over time.

The project involves the collection of baseline formative research/ethnographic data prior to implementation of the behavioral surveillance standardized questionnaire component. Each year 500 participants over the age of 18 who reside in the New Haven MSA will be interviewed.

III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment A. 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 DPH 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 DPH 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. The contractor will work with the DPH Project Coordinator, Principal Investigator (Aaron Roome, PhD, MPH), and the CDC Project Officer.
 1. The DPH Project Coordinator will supervise the contractor, act as liaison between the contractor and CDC, and will be involved in day-to-day operations of the project but will not provide direct supervision to contractor staff.
 2. The contractor and DPH project staff will meet weekly or as needed to discuss emerging issues and to ensure project goals are being met. The contractor will participate in scheduled conference calls with CDC.
 3. The contractor will adhere to project protocols and interview tools developed by CDC. The contractor will participate in meetings at CDC where protocols

and methods are discussed to contribute methodological and ethnographic expertise and inform CDC about issues or constraints that may be operative in Connecticut. CDC continues to conduct the project collaboratively with the project sites, soliciting input on protocols, interviews, and methods.

4. The contractor will send one staff person to CDC for three days twice a year to attend project meetings.
- B. The first phase of each year of the project is the formative research phase as proscribed in the CDC protocol:
1. The contractor will hire an ethnographer with experience in urban settings and high-risk hard-to-reach populations (behavioral risks associated with HIV infection). Ethnographic expertise is required to conduct research in the MSA using protocols developed by CDC to identify an appropriate city or cities, neighborhoods, census tracts, site(s) or venues to conduct the interviews.
 2. Ethnographic research will include key informant interviews (including in-depth interviews about personal behavior), focus groups, observations, secondary data review, mapping, and other appropriate methods. The DPH Project Coordinator will assist in obtaining and reviewing secondary data that will include census data, HIV/AIDS and STD surveillance data, drug arrest data, and other appropriate data.
 3. The contractor will seek approval from the contractor's Human Investigations Committee (HIC) and from the DPH HIC to conduct the ethnographic research. The contractor will develop the consent forms. The protocol will be modeled after the CDC protocol.
 4. The contractor, in collaboration with DPH project coordinator, will develop 'local' prevention questions for incorporation into the questionnaire. These questions are intended for use as evaluation of local prevention programs. Development of these questions will require a thorough knowledge of prevention programs available in the selected project area.
 5. The contractor will identify a 'storefront(s)' to conduct the interviews that may require subcontracts with the contractor (i.e., local agency, health department, or other facility accessible to participants that can accommodate project staff and participants four days per week during the interview phase).
 6. The formative research phase will begin in January each year with a final written report of formative research activities due by June 15.
 7. The contractor will attend conference calls and travel to CDC for interviewer training and attend other meetings as needed to assure that ethnographic methods used in Connecticut are consistent with the national protocol. The contractor will participate in ongoing discussions of the protocols. CDC provides interviewer train-the-trainer training during the first six months of each year.

8. The formative phase of the project also includes development or acquisition of any prevention materials that will be needed for the interview phase (to give to participants), coupons, logos, and other materials used to facilitate the project.
- C. The second phase of each year is the interview phase as proscribed in the CDC protocol:
1. In each year of the project, at least 500 subjects will be interviewed. Recruitment methods will vary by cycle. Respondent driven sampling (RDS) will be used in the heterosexual and IDU cycles and venue-based sampling will be used in the MSM cycle. Methods will be subject to modification. CDC consults with project staff each year about appropriate changes to methods. In RDS cycles (IDU, HRH), interviews will be conducted at the storefront. In venue-based cycles (MSM), interviews will be conducted at the venue.
 2. In years when the RDS method is being used, the contractor will conduct 'seed' recruitment at the beginning of the interview phase. Ten to 15 seeds (plus replacement seeds, as needed) will be required who will in turn recruit participants. The appropriate selection of productive seeds is critical to the success of the project and to achieve representative sampling.
 3. Interviews will be conducted using hand-held devices (PDA) provided by DPH. Interviews will be specific to the target population. When RDS is being used, the contractor will use coupon manager software on a laptop at the storefront. CDC will provide training and technical support. The interview assesses sexual, drug-use, and HIV/STD testing, and other prevention-service-utilization behaviors with both standard and site-specific measures (local questions). RFP applicants may request a copy of the interviews. Interviews are scheduled and take about 45-60 minutes. During the IDU-RDS cycle (2005), 5-20 interviews were conducted daily.
 4. The contractor will seek approval from the contractor's HIC and from the DPH HIC to conduct the interviews. The contractor will develop the consent forms.
 5. The contractor will provide \$25 cash incentives to participants.
 6. The contractor will hire a field coordinator and appropriate interviewers for each cycle of the project. This will include a Spanish-speaking interviewer. When storefronts are in operation, safety for staff will be of paramount importance and a minimum number of people must be onsite at all times including the field coordinator. The field coordinator will be responsible for quality control of interviews and training of new interviewers.
 7. The contractor will need to have part-time data management expertise available to oversee the programming, installation/upgrading of software, and operation of the hand-held devices and coupon manager.
 8. Interview data will be downloaded from the hand-held devices into the laptop at the end of every day and provided weekly to DPH for electronic shipment to CDC. The DPH Project Coordinator will facilitate data transfer. The contractor will provide other data as may be requested such as

concerning the performance of interviewers and productivity of venues/seeds.

9. The contractor will provide participants with appropriate prevention referrals.
10. The interview phase will require approximately five months but must conclude by the end of December each year.
11. The contractor will have access to the interview data collected and will collaborate with DPH and CDC staff on analysis and dissemination (including publication) of results. The contractor may also undertake independent analyses of the data but agrees to publish in accordance with the project publication protocol.

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. Proposals from private entities totaling \$500,000 or more in any 12-month period must include a completed **Bid/Proposal Affidavit** (See 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:
Amor Gamarra
Connecticut Department of Public Health
410 Capitol Ave MS #11ASV
PO Box 340308
Hartford CT 06134-0308
and must be postmarked no later than May 2, 2007
2. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.
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 October 1, 2007 with an effective project start date on or about January 2, 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. Quarterly reports describing progress towards project goals.
- B. Final report on the formative research is due by June 15 each year.
- C. Electronic interview data for participants in selected target populations must be collected and provided weekly to DPH. At least five hundred interviews are required each year.

VI. Supervision

The DPH NHBS Principal Investigator (Aaron Roome) in the HIV/AIDS Surveillance Program will provide overall 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). Applications which do not adhere to instructions or do not include all required elements may be 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 demonstrates successful experience providing similar services. Priority will be given to applicants who have successfully undertaken complex projects involving ethnography in an urban setting with high-risk populations (sexual and needle sharing risks associated with HIV infection); recruitment using respondent-driven sampling and venue-based sampling; and field interviews with hard-to-reach populations.
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, 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, national origin, ancestry, sex, sexual orientation, mental retardation, mental or physical disability, 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 and the State of Connecticut.

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

ATTACHMENT A
FORMS

REQUEST FOR PROPOSAL
RFP # 2007-0918
HIV/AIDS Surveillance Program

DEPARTMENT OF PUBLIC HEALTH
Public Health Initiatives BRANCH

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.

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:

| | |
|--|----------|
| 1. Name & Position: John Smith, Coordinator | |
| Calculation: \$25.00 hr X 35hrs X 45wks | \$39,375 |
| Fringe Benefit: 26% | \$10,238 |

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: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.

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:

| Line Item (Description) | Amount | Justification - Breakdown of Costs |
|-------------------------|--------|--|
| Travel | \$730 | 1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits. |

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

| | |
|--|----------|
| Outreach Educator \$20/hr x 20hrs/wk x 50wks | \$20,000 |
| Travel 590 miles @ .44 cents/mile | 260 |
| Supplies | 500 |
| Total | \$20,760 |

Example B. Fee for Service:

| | |
|------------------------|---------|
| Develop and Produce | |
| 500 Videos @ \$10 each | \$5,000 |
| Total | |

Example C. Hourly Rate:

| | |
|--|---------|
| Quality Assurance Review of 200 Patient Charts | |
| by Nurse Clinician 200 hours @ \$25/hour | \$5,000 |
| Total | \$5,000 |

****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.*

Program:

| Category | Amount |
|--------------------------------------|--------|
| Personnel: | |
| 1) Name & Position: , | |
| Calculation: | |
| Fringe Benefit: % | |
| | |
| 2) Name & Position: , | |
| Calculation: | |
| Fringe Benefit: % | |
| | |
| 3) Name & Position: , | |
| Calculation: | |
| Fringe Benefit: % | |
| | |
| 4) Name & Position: , | |
| Calculation: | |
| Fringe Benefit: % | |
| | |
| 5) Name & Position: , : | |
| Calculation: | |
| Fringe Benefit: % | |
| | |
| 6) Travel per mile X miles | |
| 7) Training | |
| 8) Educational Materials | |
| 9) Office Supplies | |
| 10) Medical Materials | |
| 11) Contractual (Subcontracts)*** | |
| 12) Telephone | |
| 13) Advertising | |
| 14) Other Expenses (List Below) | |
| a) | |
| b) | |
| c) | |
| d) | |
| e) | |
| f) | |
| 15) Administrative and General Costs | |
| Total DPH Grant | |
| | |
| Other Program Income: | |

*** Complete Subcontractor Schedule A

**Subcontractor Schedule A-Detail
Sample Agency 2007-0001
#1**

Program:

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

| Line Item | Amount |
|----------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| Total Subcontract Amount: | |

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

| Line Item | Amount |
|----------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| Total Subcontract Amount: | |

#3

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate

Indicate One: MBE WBE Neither

| Line Item | Amount |
|----------------------------------|--------|
| | |
| | |
| | |
| | |
| | |
| | |
| Total Subcontract Amount: | |

E. Workplan (make as many blank pages as needed)

| Services to be Provided | Activities | Staff Position(s) Responsible | Expected Outcomes and Measures of Success | Timetable |
|-------------------------|------------|----------------------------------|--|-----------|
| | | | | |

F. Staffing

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

| Professional Staff* | Name | Title | Hourly Rate | Assigned to Project: # hrs/wk |
|-----------------------------|------|-------|-------------|----------------------------------|
| Position 1 | | | | |
| Position 2 | | | | |
| Position 3 | | | | |
| Position 4 | | | | |
| Clerical/ Support Staff: | | | | |
| Position 1 | | | | |
| Position 2 | | | | |

***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.

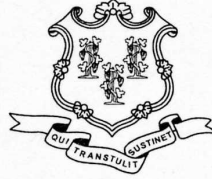
Signature

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.

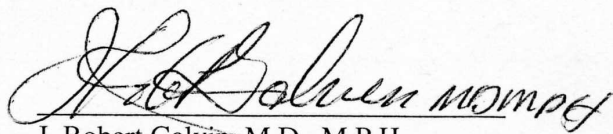
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area 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.

17 Sep 04
Date


J. Robert Galvin, M.D., M.P.H.
Commissioner of Public Health



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-68-17 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, detach along dotted 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

Contractor Name:
Address:

Total Number of CT employees:
Full Time: Part Time:

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

| Job Categories | Overall Totals (sum of all cols. male & female) | White (not of Hispanic Origin) | | Black (not of Hispanic Origin) | | Hispanic | | Asian or Pacific Islander | | American Indian or Alaskan Native | | People with Disabilities | |
|---|---|--------------------------------|--------|--------------------------------|--------|----------|---------------|---------------------------|--------------------|-----------------------------------|--------|--------------------------|--------|
| | | male | female | male | female | male | female | male | Female | male | female | male | female |
| Officials & Managers | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | |
| Office & Clerical | | | | | | | | | | | | | |
| Craft Workers (skilled) | | | | | | | | | | | | | |
| Operatives (semi-skilled) | | | | | | | | | | | | | |
| Laborers (unskilled) | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | |
| Totals Above | | | | | | | | | | | | | |
| Totals 1 year Ago | | | | | | | | | | | | | |
| FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above) | | | | | | | | | | | | | |
| Apprentices | | | | | | | | | | | | | |
| Trainees | | | | | | | | | | | | | |
| 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.

1. a) 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-68-17 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

ATTACHMENT C PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

Applicant _____

| <u>Criteria:</u> | <u>Maximum Points*</u> | <u>Bidder's Points</u> |
|---|------------------------|------------------------|
| 1. The extent to which applicant has demonstrated successful experience providing similar services. | (15) | () |
| 2. The Department's prior experience with the applicant organization including issues of contract compliance. | (15) | () |
| 3. The extent to which references support the applicant's success providing similar services. | (10) | () |
| 4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP. | (15) | () |
| 5. The extent to which adequate time is allocated to manage the services to be provided. | (5) | () |
| 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. | (5) | () |
| 7. The extent to which a thorough workplan is presented with measurable objectives and specific, appropriate timelines. | (10) | () |
| 8. The extent to which a cost effective budget is presented which follows eligibility guidelines. | (10) | () |
| 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. | (5) | () |
| 10. The fiscal competitiveness of the proposal. | (10) | () |
| TOTAL | (100) | () |

- Numerical values for each criteria are established as part of the RFP development process to allow for weighting of criteria important to the goals of the RFP.

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. Completed Consulting Agreement Affidavit Form for Proposals of \$50,000 or more. _____
- 6. An original and 5 copies of the completed proposal must be postmarked no later than May 2, 2007. _____
- 7. Proposal is completed on Application Forms included in Attachment A. _____
- 8. The proposal is signed by an authorized official of the Applicant Organization. _____