The purpose of this RFP is to solicit proposals to engage a contractor to provide the Connecticut Department of Public Health (DPH) Vital Records (VR) Unit with Remote Order Acceptance and Payment Authorization Services related to mail, telephone, facsimile and Internet applications for certified copies of vital records. These vital records include the following: live birth, death, fetal death, certificate of stillbirth, marriage and civil union.

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 received at the DPH office no later than August 29, 2007.

Place Due

Department of Public Health
Planning Branch – Vital Records Unit
410 Capitol Avenue, MS# 11 VRS
P.O. Box 340308
Hartford, CT 06134-0308
Attention: Elizabeth Frugale, State Registrar of Vital Records, elizabeth.frugale@ct.gov
Planning Branch, HISR Section, Vital Records Unit

Further Information

Applicants who download the RFP from the DPH web site must send written notice of their intent to apply to the DPH. 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 August 12, 2007 to the DPH Project Manager. 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 Project Manager. 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

The purpose of this RFP is to solicit proposals to engage a contractor to provide the Connecticut Department of Public Health Vital Records Unit (CT DPH-VR) with remote order acceptance and payment authorization services related to mail, telephone, facsimile and Internet applications for certified copies of vital records. These vital records include the following: live birth, death, fetal death, certificate of stillbirth, marriage and civil union.

II. Background

The Connecticut Department of Public Health Vital Records Unit (CT DPH-VR) maintains records for vital events occurring in Connecticut. Upon the request of qualified applicants, the CT DPH-VR issues certified copies of these documents. The public requires certified copies to obtain a passport or a driver's license, for employment, for Social Security benefits, for survivor benefits, Connecticut General Statutes, 7-74 establishes the fee for certified copies. The fee to the State for a certified copy of a birth record and Certificate of Stillbirth is currently $15.00. For death, fetal death, marriage and civil union certificates the fee is $10.00. The CT DPH-VR is unable to respond in a timely manner when the applicant expresses an urgent need or cannot come to the DPH-VR office in Hartford, Connecticut. The current system doesn’t allow for online ordering or payment via credit card. The purpose of this procurement is to remedy that situation.

Many customers request the ability to make the request via the Internet and to pay via credit card. Currently CT DPH-VR cannot accommodate urgent requests in this manner. CT DPH-VR does offer a semi-expedited service if the customer is willing to forward their request via next day mail or federal express, along with a pre-paid return next day mail or federal express envelope. This service generally costs the customer an additional fee of $25.00 dollars. The procurement of Remote Services would allow CT DPH-VR to utilize a contractor to provide remote ordering and payment authorization functions with respect to all mail, telephone, facsimile and Internet requests received by CT DPH-VR, not just these urgent requests. The vendor will electronically transmit the requests to the CT DPH-VR for processing and make daily payment to the CT DPH-VR for requests that day. The contractor will become familiar with Connecticut statutes and regulations for issuance of certified copies. The CT DPH-VR will be the final authority regarding the client’s eligibility to receive the record. This will be determined based on the information provided by the client to identify himself or herself and his or her relationship as an eligible recipient to the requested certified copy.

The CT DPH-VR is interested in providing the public with as many remote-ordering options as are practicable. As such, the vendor will be responsible for accepting orders via mail, over the telephone, via facsimile and over the Internet. The vendor will obtain the information necessary to process the order, shall verify, identity and the relationship of applicant to registrant, shall confirm payment from the applicant, shall electronically transmit the order information to the CT DPH-VR in a format determined by the CT DPH-VR and shall provide appropriate summary reports and payment instruments to the CT DPH-VR.

A. Definitions

Acceptable Order- An order for which all of the following have occurred:

- All required application information has been provided.
- The proper form(s) of identification have been provided and that comply with Public Health Code of Regulations 19a-41-2. (Supplement A)
- The relationship and eligibility of the client to the record(s) requested has been validated and the validation is provided to CT DPH-VR and complies with Connecticut General Statutes §7-51 and §7-51a.
- Payment has been provided.
Customer- Person requesting a certified document copy of a CT DPH-VR record, i.e., record of live birth, death, fetal death, marriage, and civil union.

Delivery Charge- All-inclusive charge for the delivery of requested certificates.

Application- A document that contains the following information:

Birth
- Full Name of registrant at birth
- Father’s first, middle and last name
- Mother’s first, middle and maiden name
- Birth Date
- Place of Birth (Town/City)
- Full name and address of person making request
- Relationship to registrant
- Type of Record full size or wallet size

Death
- Full name of decedent
- Date of death
- Place of death (Town/City)
- Date of birth
- Place of birth
- Father’s name
- Mother’s name
- Spouse name, if married

Marriage/Civil Union
- Full Name of Groom/Full Name of Party 1
- Full Name of Bride (include maiden name)/Full Name of Party 2
- Date of Marriage/Civil Union
- Place of Marriage/Civil Union

Certificate of Stillbirth
- Name of stillborn
- Gender
- Date of Stillbirth
- Place of Stillbirth (City/Town)
- Name of Hospital
- Mother’s full name and surname
- Father’s full name
- Requester’s full name and address

Service Charge - All-inclusive contractor’s fee to provide services under this contract, chargeable to the client.

Vital Records- Birth, marriage, civil union fetal deaths, certificate of stillbirth and death records.

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 the Branch 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 Branch concerning the applicant’s legal status.

Please indicate whether or not the agency is incorporated, the type of agency applying to provide the service, 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:

The CT DPH-VR will utilize the services of a single contractor to provide the services described in this RFP. The CT DPH-VR currently receives requests that require urgent, overnight delivery and requests that are non-urgent. The volume of requests received during the past three fiscal years were as follows:

<table>
<thead>
<tr>
<th>Calendar Year</th>
<th>Year 04</th>
<th>Year 05</th>
<th>Year 06</th>
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<tbody>
<tr>
<td>Includes Expedited Non-expedited and Walk-in requests.</td>
<td>4,616</td>
<td>7,868</td>
<td>13,339</td>
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If the growth rate stays at 43% as shown above, then it is possible that there will be a combined total of 39,006 requests at the end of the three year term of the contract resulting from this RFP.

CT DPH-VR is interested in offering four (4) levels of service. All four (4) levels of service must be provided by the contractor and are as follows:

1) Expedited processing overnight parcel delivery
2) Expedited processing/three day parcel delivery
3) Expedited processing/regular mail delivery
4) Non-expedited processing/regular mail delivery
The customer must be advised by the contractor that the 4th level of service (non-expedited processing/regular mail delivery) will result in a delay of three (3) to four (4) months in receiving the certified copy, as advised by CT DHP-VR, based on current processing times. An order requesting service level 1, 2 or 3 will be made ready for delivery three (3) business days after the order is deemed complete and acceptable.

Customer will pay all services performed under the contract resulting from this RFP.

C.1 Order Acceptance Services

The contractor shall accept orders from customers for certified copies of vital records. The contractor shall collect relevant information to verify identity and the relationship of applicant to registrant as identified on the current version of the application forms (See Supplement B), required for the CT DPH-VR to process such orders. The contractor shall provide the public with the methods of placing orders described below.

C.1.1. Mail Orders
The contractor shall provide customers with the ability to order certified copies of vital records by mail. The contractor shall enter the appropriate ordering information received via mail into a software program capable of storing the information. The ordering information must be electronically available and/or transmitted daily to the CT DPH-VR in an encrypted format acceptable to the CT DPH-VR for order fulfillment.

Performance Standard: The contractor shall open all mail requests/orders received for that day to determine completeness and acceptability. These orders shall be entered into an electronic tracking system and shall be electronically transmitted to the CT DPH-VR by the start of the next business day. All non-complying orders must be returned or customer must be contacted with information of non-complying request. A return cover letter must be forwarded with returned orders.

C.1.2. Operator-Assisted Telephone Orders
The contractor shall provide customers with the ability to order certified copies of vital records by means of speaking with contractor-employed operators during normal business hours (8:00 AM -4:00 PM, ET, Monday through Friday, except for major holidays). The major holidays are New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. The contractor shall provide toll-free access to the operators. There must be Spanish-speaking operators available. The operators shall obtain all information necessary to process the order. The operators shall enter the information into a software program capable of storing the information. This ordering information must be electronically available and/or transmitted daily by the contractor to the CT DPH-VR in an encrypted format acceptable to the CT DPH-VR for order fulfillment. The operators shall collect sufficient information so that the contractor and CT DPH-VR can determine the eligibility of the requester to obtain the record(s) sought. The operators shall preliminarily determine client eligibility in accordance with criteria provided to the contractor by the CT DPH-VR.

Performance Standard: The contractor shall ensure that all telephone calls shall be answered within three (3) to five (5) rings and all complete
and acceptable telephone orders shall be electronically transmitted to the CT DPH-VR by the next business day.

C.1.3. Facsimile orders
The contractor shall provide the customers with the ability to order certified copies of vital records by faxing orders to the contractor. The contractor shall provide toll-free access to a contractor facsimile machine for the purpose of receiving such orders 24 hours a day, 7 days a week, 365 days a year. The contractor shall also provide a toll-free fax-on-demand service, whereby customers can obtain facsimile order forms automatically from a contractor-operated facsimile server. The contractor shall enter the appropriate ordering information received via facsimile into a software program capable of storing the information. The contractor will submit the ordering information electronically transmitted daily to the CT DPH-VR in an encrypted format acceptable to the CT DPH-VR for order fulfillment.

Performance Standard: The contractor shall ensure that all complete and acceptable facsimile orders shall be acknowledged to the requester by facsimile and transmitted to the CT DPH-VR by the next business day.

C.1.4 Internet orders
The contractor shall provide the customers with the ability to order certified copies of vital records over the Internet. The contractor shall create a web page (linked to the CT DPH-VR home page) that provides clients with ordering information and requirements and offers customers the ability to order certified copies of vital records "online", 24 hours a day, 7 days a week, 365 days a year. The contractor shall develop software that encrypts ordering information transmitted via the Internet and de-encrypts such information upon receipt by the contractor. The contractor shall enter the appropriate ordering information received via the Internet into a software program capable of storing the information. The ordering information must be electronically transmitted daily to the CT DPH-VR in an encrypted format acceptable to the DPH-VR for order fulfillment.

Performance Standard: The contractor shall ensure that all complete and acceptable Internet orders are transmitted to the CT DPH-VR by the next business day.

C.2. HARDWARE
The Contractor shall provide the CT DPH-VR use of the hardware described below at the CT DPH - State Vital Records office location.

C.2.1. AUTHORIZATION SERVER
The Contractor shall install and support an authorization server to communicate with the contractor for the purpose of receiving the transmittal orders taken by the contractor. Since these orders shall be received in an encrypted format, this server must have the ability to de-encrypt them at the time of receipt.

C.2.2. WORKSTATION
The Contractor shall install and provide a workstation for the purpose of communicating with the authorization server to print summary reports, payment checks and combination search
slips/mailing labels, as required herein. It shall also provide access to historical order transactions for the proceeding twelve to twenty-four months.

C.2.3. LASER PRINTERS
The Contractor may be required to provide, install and support networked laser printers for printing of summary reports, search slips and payment checks. Printers shall accommodate all on-site printing associated with this contract. The contractor shall also provide consumables, with exception of paper, required by the printers.

C.2.4. CONTRACTOR SITE EQUIPMENT
In addition to the hardware provided at the CT DPH-VR, the contractor must provide at its (contractor’s) site, computer equipment, facsimile equipment, and an Internet Server sufficient to accommodate the requirements described herein. The contractor must install and maintain, at no cost to the CT DPH-VR, all necessary telephone or other communication lines necessary to operate the system.

C.2.5. MAINTENANCE
The contractor must provide, at no cost to the State, repair and/or replacement of malfunctioning equipment and software, within 24 hours of notification by CT DPH-VR.

C.3 SOFTWARE
The Contractor shall make software available for CT DPH-VR use that performs the functions specified below:

C.3.1. DAILY TRANSMISSION OF ORDERS
The software shall enable the contractor to send an electronic transmission of all orders accepted by the contractor on the same day they are received. Such data shall be in the format and record layout specified below.

Application Information

• Reason for Request
• Credit Card Authorization Code
• Application ID
• Fee Amounts
• Carrier
• Shipping Address

Applicant Information

• Name
• Address
• Telephone
• Email Address
• Relationship with Name on Certificate

Certificate Information

• Type (Birth, Certificate of Stillbirth, Death, Fetal Death, Marriage or Civil Union)
• Name on Certificate
• Number of copies

Search Information
• Event Type (Birth, Certificate of Stillbirth, Death, Fetal Death, Marriage or Civil Union)
• Name on Certificate
• Father’s First, Middle and Last Name
• Mother’s First, Middle and Last (maiden) name
• Date of Occurrence
• Place of Occurrence

C.3.2. IMPORT ORDER DATA
The software shall enable order information to be electronically imported into the existing vital records system.

C.3.3. REPORTS AND PAYMENT CHECKS
The software must provide reports and payment checks to CT DPH-VR as follows:

1. At least once a day, prompt a summary report from the authorization server, which shall include:
   a. A listing of all orders transmitted to the CT DPH-VR for fulfillment, including the date, time and name on each record ordered, the amount due the CT DPH-VR for each order and as a total, and the check number of the payment to the CT DPH-VR for the orders transmitted for fulfillment.
   b. The amounts due the CT DPH-VR, the contractor and the overnight and regular mail carriers, plus the total for each transaction (voids shown as negative numbers), and grand totals.

2. After printing the summary report, print a check for the amount due the CT DPH-VR for that batch, including printing of the corresponding check number listed on the summary report, the date and time of payment and the total amounts listed on the summary report.

3. Print the search slips for CT DPH-VR to process the records ordered.

4. The contractor must be willing to make changes to the reporting requirements as the CT DPH-VR’s needs might change from time to time.

5. The contractor shall assume all liability on contractor payment checks cashed by the CT DPH-VR.


C.4. DELIVERY SERVICES
The contractor shall:

1. Provide the clients with the services, as specified in Section C, in Services to be Provided.

2. Arrange for daily pick up of overnight, three day and regular shipments between 2:00 PM and 4:00 PM ET at the CT DPH-VR office in Hartford, Connecticut.
3. Arrange for the CT DPH-VR to receive pre-printed delivery labels for overnight, three day and regular delivery containing the CT DPH-VR return address and the contractor's third-party billing number.

4. Arrange for the possibility of placing the above information on bar coded stickers to be used in conjunction with window envelopes.

5. Assume full responsibility for and guarantee payment of delivery fees incidental to orders processed through the contractor's service.

C.5. FEES AND PAYMENTS
The contractor shall:

1. Provide remote order acceptance and payment authorization services to the customers, as specified in the contract to be awarded as a result of this RFP.

2. Accept payment from the public including, but not limited to, the following forms of payment:
   - Major credit/charge cards, including Visa, MasterCard, American Express and Discover.
   - Personal check.
   - Money order.
   - Account billing for large institutional requester's (such as social services organizations, military recruitment offices, law enforcement agencies, etc.).

3. Authorize payment for orders prior to transmission to the CT DPH-VR for fulfillment. As part of the payment authorization process, the contractor shall verify the address and telephone number of the requester in a manner mutually agreeable to the contractor and to the CT DPH-VR.

4. Assess no fees or charges to the CT DPH-VR for the performance of its services.

5. If a delivery fee increase becomes necessary due to an increase imposed by the delivery services, then this request must be made in writing. Justification must be included with the request. The contractor must receive approval from the CT DPH's Director of HISR or State Registrar of Vital Records for an increase. The contractor shall implement the increase on the date provided by the Director HISR or State Registrar of Vital Records before passing on this fee increase to the customer.

There shall be no increase in the service fees during the term of the contract.

C.6. CONFIDENTIALITY
The contractor understands that information obtained or developed during the conduct of this contract is sensitive in nature and confidential. The contractor shall ensure that all information collected during this contract is held in confidentiality, in accordance with applicable provisions of State and Federal laws. The contractor shall keep all information collected for a period of six (6) years. After six years, the information shall be destroyed by the contractor in a manner so as to not compromise the confidentiality of the information. Paper must be cross-cut shredded or incinerated (rendered unrecoverable.) If the contractor utilizes a third-party company for shredding and incineration, then the contractor shall provide proof of contract, which shall identify methods of destruction as well as frequency of destruction. The vendor shall witness the destruction.
The CT DPH-VR reserves the right to audit the vendor premises for adherence to the protocols of the contract. The CT DPH-VR shall conduct this audit with one (1) day advance notice.

**C.6.1 PROTOCOLS**
The contractor shall implement protocols for ensuring confidentiality of information. The protocols shall include the following as necessary:

1. Ensure letters, memoranda and other documents containing personal and health-related information are accessible only by authorized personnel.
2. Ensure personal and health-related information stored electronically is protected from access by unauthorized persons.
3. Ensure that the contractor maintains only personal and health-related information necessary to fulfill the contractor’s authorized function.
4. Ensure staff working with personal and health-related information secure such information from casual observation or loss and that such documents or files are returned to secure storage on termination of use.
5. Ensure personal and health-related information are not inappropriately copied or removed from control of contractor.
6. Provide safeguards to prevent discrimination, abuse or other adverse actions directed toward the person to whom this personal and health-related information applies.
7. Ensure that personal and health-related information are adequately secured after working hours.
8. Ensure transmittal of personal and health-related information outside of the contractor’s office or by other persons designated by the CT State Registrar of Vital Records office or by other persons designated by the State Registrar or in accordance with such protocol.
9. Protect the confidentiality of personal and health-related information being transferred within the contractor’s office and to other work units of the contractor.
10. Ensure documents and files containing personal or health-related information that are obsolete or not longer needed are promptly disposed of in a manner so as to not compromise the confidentiality of the documents and/or files. Paper should be incinerated (rendered unrecoverable). If the contractor utilizes a third-party company for shredding and incineration, then the contractor shall provide proof of contract, which shall identify methods of destruction as well as frequency of destruction. The contractor shall witness the destruction. The contractor shall maintain the following types of information for twelve (12) to twenty-four (24) months from the end of the month in which such information was collected; dates of the vital events, places of the vital events, names and maiden names and identification documents provided. Maintaining such information shall enable the contractor to assist the CT DPH-VR in researching and investigating fraudulent activity. The contractor shall submit written verification to the CT DPH-VR through duly sworn and notarized affidavit of the confidential disposal of such information according to the prescribed schedule.
11. Ensure that documents and files containing personal or health-related information are electronically transmitted to the CT DPH-VR in an encrypted format acceptable to CT DPH-VR.
12. Ensure that servers and workstations are sanitized at the end of the life. A record of disposed hardware must be kept. The contractor shall provide
CT DPH-VR with the policy that describes the method of disposition of excess and surplus computer equipment.

13. Ensure that the use of protection against malicious software, such as Trojans, worms and viruses is in place on all computer equipment. This should include, but is not limited to, anti-virus software, spam filtering, spyware/adware blockers and formalized plan for the update of operating system patches for computers and servers utilized by contractor and CT DPH-VR.

14. Ensure that a notification process is documented in the event of security breaches involving confidential and sensitive personal and health related information.

C.6.2. UPDATES TO PROTOCOLS
The contractor shall update protocols for ensuring confidentiality of personal and health-related information shall be updated whenever a program activity change renders the established protocol obsolete or inadequate. These updates shall be provided to the CT DPH-VR

C.6.3 TRAINING TO SUPPORT CONFIDENTIALITY
The contractor shall identify one (1) individual to be trained by the CT DPH-VR for authorized access to personal and health-related information. This training will include understanding the Connecticut Department of Public Health Confidentiality Standards and Policies. The contractor staff person shall, in turn, train all of the contractor’s authorized personnel.

Employees authorized by the contractor to access personal and health-related information after training are to be advised in writing, by the contractor, that the employee shall not:

1. Examine documents or computer data containing personal and health-related information unless required in the course of official duties and responsibilities.

2. Remove from the unit or copy such documents or computer data unless acting within the scope of the assigned duties.

3. Discuss the content of such documents or computer data with any person unless that person has authorized access and the need to know the information discussed.

4. Discriminate, abuse or take any adverse action directed toward a person to whom the personal and health-related information applies.

Each employee, upon receiving training, shall sign a statement acknowledging receipt of a copy of the contractor's protocol for ensuring confidentiality. Each employee shall also receive a copy of this confidentiality statement with the understanding that the violation of confidentiality rules may lead to criminal prosecution.

C.3.7. ACCESS TO CT DPH-VR PREMISES
The contractor shall ensure that all employees of the contractor who require access to any CT DPH-VR premises pass a background check conducted by the State of Connecticut at the expense of the vendor.

C.3.8. SUFFICIENCY OF PERSONNEL AND EQUIPMENT
If the Commissioner of the CT DPH is of the opinion that the services required by the contract cannot satisfactorily be performed because of insufficient contractor personnel, the CT DPH shall have the authority to require the contractor to use additional personnel to perform the services satisfactorily and at no additional cost to the State.

The contractor is required to have a back-up system available for the continued performance of the contract, if any parts of the regular system should fail.

D. Price Schedule

Customer will pay all services performed under the contract resulting from this RFP.

Separate pricing is required for the four (4) levels of service to be provided and must include both the service fee and delivery fee. See Application Forms included in Attachment A.

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. The Contractor shall identify a point person for all contract related issues with CT DPH-VR.

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:
   Elizabeth Frugale, Planning Branch/HISR/VR
   and must be received at DPH no later than August 29, 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 15, 2007 with an effective project start date on or about November 1, 2007.

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 CT DPH-VR 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.

The contractor shall provide the following deliverable products and schedule:

1. Attendance at a meeting in Hartford, CT with designated CT DPH-VR staff within two (2) weeks from the starting date of the contract.

2. A detailed final project plan, identifying all the objectives as outlined in the Section C. Scope, delivered to the State Contract Manager within one (1) month of the starting date of the contract.

3. Delivery and installation of the necessary hardware and software within (2) two months from the starting date of the contract.

4. A demonstration of all components of the remote order acceptance and payment authorization services within two (2) months from the starting date of the contract. The demonstration shall take place in the CT DPH-VR unit in Hartford, Connecticut.

5. A Disaster Recovery Plan/Business Continuity Plan within two (2) months from the starting date of the contract.

6. Implementation and ongoing operation of the system in Hartford, CT, which is to begin three (3) months from the starting date of the contract.

7. Attendance at a meeting to be held in Hartford, CT, nine (9) months after implementation and at twelve (12) month intervals thereafter.

VI. Supervision

The CT DPH-VR Project Manager within the Planning Branch 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 who have a substantial track record in providing similar services.

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 service plan 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 AND SUPPLEMENTALS
REQUEST FOR PROPOSAL
RFP # 2008-0908 (get # from Contracts and Grants Section)
Remote Order Acceptance and Payment Authorization Services

DEPARTMENT OF PUBLIC HEALTH
PLANNING 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.
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>
<th>Name</th>
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<th>Tel. No.</th>
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Program Progress Reports:

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Financial Expenditure Reporting Forms:

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Incorporated:  

- [ ] Yes  
- [ ] No

Type of Agency:  

- [ ] Public  
- [ ] Private  
- [ ] Other ______________

- [ ] Profit  
- [ ] Non Profit

Federal Employer I.D. Number: __________________________

Agency Fiscal Year

- [ ] Explain

Town Code No.

Medicaid Provider Status:  

- [ ] Yes  
- [ ] No

Medicaid Number

Minority Business Enterprise (MBE):  

- [ ] Yes  
- [ ] No

Women Business Enterprise (WBE):  

- [ ] Yes  
- [ ] No
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 Work plan 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.
PRICE SCHEDULE:
The bidder must submit its pricing using the format set forth in the State supplied price sheet attached. Failure to submit all information required will result in the bid being considered non-responsive. Each bidder is required to hold its prices firm through issuance of contract.

Separate pricing is required for the five (4) levels of service (RFP Section III.C.) for both service fee and delivery fee.

<table>
<thead>
<tr>
<th>LINE #</th>
<th>COMMODITY-SERVICE DESCRIPTION</th>
<th>QUANTITY</th>
<th>UNIT</th>
<th>UNIT PRICE</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>0001</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing overnight parcel delivery-service charge</td>
<td></td>
<td>Each</td>
<td></td>
<td></td>
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<tr>
<td>0002</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing overnight parcel delivery-service charge</td>
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<td>Each</td>
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<td></td>
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<tr>
<td>0003</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing/three day parcel delivery-service charge</td>
<td></td>
<td>Each</td>
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<tr>
<td>0004</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing/three day parcel delivery-service charge</td>
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<td>Each</td>
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<tr>
<td>0005</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing/regular mail delivery-service charge</td>
<td></td>
<td>Each</td>
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<tr>
<td>0006</td>
<td>Remote Ordering and Payment System CT DPH-VR Expedited processing/regular mail delivery-service charge</td>
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<td>0007</td>
<td>Remote Ordering and Payment System CT DPH-VR Non-expedited processing/regular mail delivery-service charge</td>
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<tr>
<td>0008</td>
<td>Remote Ordering and Payment System CT DPH-VR Non-expedited processing/regular mail delivery-service charge</td>
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</table>
## 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>
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<tbody>
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</table>
Profile of Staff Providing Services (see Section F of this RFP). Please provide the information requested below.

<table>
<thead>
<tr>
<th>Professional Staff*</th>
<th>Name</th>
<th>Title</th>
<th>Assigned to Project: # hrs/wk</th>
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<tbody>
<tr>
<td>Position 1</td>
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<td>Position 2</td>
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<td>Position 3</td>
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<td>Position 4</td>
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<td>Clerical/Support Staff:</td>
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<td>Position 1</td>
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<td>Position 2</td>
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</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 through the issuance of contract.

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

PHONE: (860) 509-7101  FAX: (860) 509-7111  
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308  
Affirmative Action/Equal Employment Opportunity Employer
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 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:  ____________________________________________
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>
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<td></td>
<td>male</td>
<td>female</td>
<td>male</td>
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<td>Officials &amp; Managers</td>
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<td>FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)</td>
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<td>Trainees</td>
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</table>

**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-68-18 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

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Maximum Points</th>
<th>Bidder’s Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The extent to which applicant has demonstrated successful experience providing similar services.</td>
<td>( 20 )</td>
<td>(    )</td>
</tr>
<tr>
<td>2. The Department’s prior experience with the applicant organization including issues of contract compliance.</td>
<td>( 2 )</td>
<td>(    )</td>
</tr>
<tr>
<td>3. The extent to which references support the applicant’s success providing similar services.</td>
<td>( 10 )</td>
<td>(    )</td>
</tr>
<tr>
<td>4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.</td>
<td>( 20 )</td>
<td>(    )</td>
</tr>
<tr>
<td>5. The extent to which adequate time is allocated to manage the services to be provided.</td>
<td>( 10 )</td>
<td>(    )</td>
</tr>
<tr>
<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>
<td>( 10 )</td>
<td>(    )</td>
</tr>
<tr>
<td>7. The extent to which a thorough workplan is presented with measurable objectives and specific, appropriate timelines.</td>
<td>( 15 )</td>
<td>(    )</td>
</tr>
<tr>
<td>8. The extent to which a cost effective budget is presented which follows eligibility guidelines.</td>
<td>( 5 )</td>
<td>(    )</td>
</tr>
<tr>
<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>
<td>( 3 )</td>
<td>(    )</td>
</tr>
<tr>
<td>10. The fiscal competitiveness of the proposal.</td>
<td>( 5 )</td>
<td>(    )</td>
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</tbody>
</table>

**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 August 29, 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. 11/2006; RFP2006TEMPLATE]
Vital Records – Identification

SECTION 1.

19a-41-2. A certified copy of or access to birth certificates
(a) Anyone requesting, either in person or by mail, access to, a copy of, or permission to examine the original or any copy of a birth certificate or birth record in the custody of any registrar of vital statistics or the Department of Public Health shall provide documentation proving that such person is entitled to a certified copy of or access to birth certificates under Section 7-51 of the Connecticut General Statutes.
(b) The person whose birth is recorded, if over eighteen (18) years of age, or other requester as authorized by section 7-51 of the Connecticut General Statutes shall submit a valid, government issued photographic identification that includes the requester’s date of birth, signature, and an expiration date. Should such photographic identification be unavailable, originals or photocopies of two (2) of the following documents shall be substituted for it:

(1) social security card;
(2) employment identification card with a paycheck stub or W-2 form;
(3) automobile registration;
(4) copy of utility bill showing name and current address;
(5) checking account deposit slip or bank statement stating name and current address;
(6) voter registration card;
(7) state-issued trade or professional license;
(8) W-2 form and social security card (social security numbers on both documents must match);
(9) gun permit;
(10) probation documents;
(11) letter from a government agency verifying identity. Letter must be dated within the past six months;
(12) release documentation from a correctional institution containing a photograph of the former inmate and a release date within the past year;
(13) original adoption papers;
(14) birth certificate of the registrant;
(15) military discharge papers;
(16) current school or college photographic identification; or
(17) government issued photographic identification that has expired in the past year.

Access to Birth Records
Connecticut General Statutes § 7-51 and 7-51a, allows access to birth records to the following categories of individuals:

* Birth records more than 100 years old:
  Are open to any person

* Birth records less than 100 years old are open to:
  Person whose birth is recorded (If person is 18 or older)
  Parents
  Grandparent or Guardian, if a minor
  Grandchildren
  Spouse
  Children (If over 18)
  Local Health Director
  Chief Elected official of Municipality or agent
  Attorneys-at-law representing the registrant or the registrant’s authorized agent
  Title Examiners representing the registrant or the registrant’s authorized agent
  Persons authorized by court order
  State or Federal Agency employee authorized by DPH Commissioner
  Members of incorporated genealogical societies authorized to conduct business in the State of Connecticut
SUPPLEMENT B

Request Forms:
Birth
Death/Fetal Death
Marriage
Civil Union
Certificate of Stillbirth
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR A STATE CERTIFIED COPY OF BIRTH RECORD

VS-39BST Revised: 4/06

PLEASE PRINT DO NOT MAIL CASH

FULL NAME AT BIRTH: _________________________________________________________________________________________
FIRST MIDDLE LAST NAME

DATE OF BIRTH: / / PLACE OF BIRTH: ______________________________________________
MONTH DAY YEAR TOWN/CITY

FATHER’S FULL NAME: ________________________________________________________________________________________
FIRST MIDDLE LAST NAME

MOTHER’S MAIDEN NAME: ____________________________________________________________________________________
FIRST MIDDLE MAIDEN NAME

PERSON MAKING THIS REQUEST:

NAME: ______________________________________________________________________________________________________
FIRST MIDDLE LAST NAME

ADDRESS: ___________________________________________________________________________________________________
NUMBER STREET
TOWN/CITY: _______________________________ STATE: ________________ ZIP CODE: __________________

TELEPHONE NO.: ______________________________ E-MAIL ADDRESS (optional): __________________________
SIGNATURE: X ____________________________________________________________________________________________

RELATION TO PERSON NAMED IN CERTIFICATE: _______________________________________________________________

REASON FOR MAKING REQUEST: ______________________________________________________________________

CERTIFICATE SIZE: ☐ WALLET SIZE ☐ FULL SIZE
NOTE THAT THE WALLET SIZE BIRTH CERTIFICATE CONTAINS LESS INFORMATION THAN THE FULL SIZE CERTIFICATE. IT MAY NOT SATISFY ALL PROOF OF IDENTIFICATION REQUIREMENTS SUCH AS THOSE NEEDED TO OBTAIN PASSPORTS.

NUMBER OF COPIES

REQUESTER MUST ATTACH A COPY OF
PICTURE IDENTIFICATION
AND VERIFICATION OF RELATIONSHIP TO THE REGISTRANT

FEE: $15.00 PER COPY. CHECK OR MONEY ORDER MADE PAYABLE TO: ‘TREASURER, STATE OF CT’
MAIL THIS REQUEST FORM WITH THE ABOVE REQUIREMENTS TO:
STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION, CUSTOMER SERVICES
410 CAPITOL AVE, MS# 11VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308

ATTACH A COPY OF PICTURE IDENTIFICATION BELOW:

Requests without a Current Government Issued Photo Identification will be returned.
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**

**REQUEST FOR A STATE CERTIFIED COPY OF DEATH RECORD**  
VS-39DST Revised: 4/06

**PLEASE PRINT**  
**DO NOT MAIL CASH**

<table>
<thead>
<tr>
<th>DEATH CERTIFICATE OF:</th>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SEX</th>
<th>DATE OF DEATH (OR LAST KNOWN TO BE ALIVE)</th>
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<td>F</td>
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<tr>
<td>PLACE OF DEATH (TOWN)</td>
<td>DATE OF BIRTH (MONTH/DAY/YEAR)</td>
<td>PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)</td>
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</tr>
<tr>
<td>FATHER’S NAME</td>
<td>MOTHER’S NAME</td>
<td>IF MARRIED, SPOUSE’S NAME</td>
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<td></td>
<td></td>
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</tbody>
</table>

**PLEASE NOTE:** THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED CERTIFIED COPIES OF DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE DECEDENT TO COMPLY WITH THE PROVISIONS OF PA 97-7.

**PERSON MAKING THIS REQUEST:**

NAME: __________________________________________________________________________
FIRST        MIDDLE        LAST NAME

ADDRESS: _______________________________________________________________________
NUMBER       STREET

TOWN/CITY: __________________________ STATE: _______________ ZIP CODE: ______________

TELEPHONE NO.: ______________________ E-MAIL ADDRESS (optional): ____________________

SIGNATURE: X ____________________________________________________________________

THE LEGAL FEE IS $5.00 PER COPY.
NUMBER OF COPIES WANTED: ______________ AMOUNT ATTACHED: $______________________

FEE: $5.00 PER COPY. PLEASE ENCLOSE A CHECK OR MONEY ORDER MADE PAYABLE TO ‘TREASURER STATE OF CT’

MAIL THIS REQUEST WITH PAYMENT TO:

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH**  
**VITAL RECORDS SECTION,**  
**CUSTOMER SERVICES, MS # 11 VRS**  
P.O. BOX 340308  
HARTFORD, CT 06134-0308
REQUEST FOR A STATE CERTIFIED COPY OF MARRIAGE RECORD
VS-39MST  Revised:  06/07

PLEASE PRINT   DO NOT MAIL CASH

<table>
<thead>
<tr>
<th>GROOM</th>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>BRIDE</th>
<th>FULL NAME BEFORE MARRIAGE</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>DATE OF MARRIAGE (MONTH/DAY/YEAR)</th>
<th>PLACE OF MARRIAGE</th>
<th>TOWN</th>
</tr>
</thead>
</table>

PLEASE NOTE:  IN ACCORDANCE WITH C.G.S. §7-51a, ONLY THE GROOM AND BRIDE, OFFICIATOR OF THE MARRIAGE, TOWN CLERK OR REGISTRAR LISTED ON THE MARRIAGE CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A MARRIAGE CERTIFICATE THAT CONTAINS THE SOCIAL SECURITY NUMBERS OF THE PARTIES. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE MARRIAGE CERTIFICATE WITH THE SOCIAL SECURITY NUMBERS REMOVED.

PERSON MAKING THIS REQUEST:

NAME:  ________________________________________________________________________________________________________
       FIRST    MIDDLE    LAST NAME

ADDRESS:  _____________________________________________________________________________________________________
           NUMBER    STREET

TOWN/CITY:  _________________________________    STATE:  ______________________    ZIP CODE:  _____________________

TELEPHONE NO.: _________________________________          E-MAIL ADDRESS (optional): ________________________

RELATION TO PERSON NAMED IN CERTIFICATE:  _________________________________________________________________

SIGNATURE:  X  _________________________________________________________________

THE LEGAL FEE IS $5.00 PER COPY.

NUMBER OF COPIES WANTED:  _________________     AMOUNT ATTACHED:  $_________________________

FEE:   $5.00 PER COPY.   MONEY ORDER MADE PAYABLE TO: ‘TREASURER, STATE OF CT’

MAIL THIS REQUEST TO:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION
CUSTOMER SERVICES, MS 11VRS
P.O. BOX 340308
HARTFORD, CT  06134-0308
REQUEST FOR A STATE CERTIFIED COPY OF CIVIL UNION RECORD
VS-39CUST Revised: 06/07

PLEASE PRINT

<table>
<thead>
<tr>
<th>PARTY 1</th>
<th>FULL NAME AT TIME OF CIVIL UNION</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
</tr>
</thead>
<tbody>
<tr>
<td>PARTY 2</td>
<td>FULL NAME AT TIME OF CIVIL UNION</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
</tr>
</tbody>
</table>

DATE OF CIVIL UNION (MONTH/DAY/YEAR) | PLACE OF CIVIL UNION | TOWN

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51a, ONLY THE PARTIES TO THE CIVIL UNION, OFFICIATOR OF THE CIVIL UNION, TOWN CLERK OR REGISTRAR LISTED ON THE CIVIL UNION CERTIFICATE, OR OTHER PERSONS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A CIVIL UNION CERTIFICATE THAT CONTAINS THE SOCIAL SECURITY NUMBERS OF THE PARTIES. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE CIVIL UNION CERTIFICATE WITH THE SOCIAL SECURITY NUMBERS REMOVED.

PERSON MAKING THIS REQUEST:

NAME: ____________________________________________________________________________________________________

ADDRESS: _____________________________________________________________________________________________________

NUMBER STREET TOWN/CITY: _________________________________ STATE: ______________________ ZIP CODE: _____________________

TELEPHONE NO.: _________________________________ E-MAIL ADDRESS (optional): ________________________

RELATION TO PERSON NAMED IN CERTIFICATE: _________________________________________________________________

SIGNATURE: X ____________________________________________________________________________________________

THE LEGAL FEE IS $5.00 PER COPY.

NUMBER OF COPIES WANTED: _________________ AMOUNT ATTACHED: $ __________________________

FEE: $5.00 PER COPY. MONEY ORDER MADE PAYABLE TO: ‘TREASURER, STATE OF CT’

MAIL THIS REQUEST TO:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION
CUSTOMER SERVICES, MS 11VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308
# APPLICATION FOR

## STILLBIRTH CERTIFICATE

<table>
<thead>
<tr>
<th>Stillbirth Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NAME OF STILLBORN.</strong> Print the entire name as it currently appears on the fetal death record.</td>
<td></td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td><strong>DATE OF STILLBIRTH</strong></td>
</tr>
<tr>
<td>□ Male □ Female □ Undet. (Gender will not be listed for Undetermined)</td>
<td>(Month/Day/Year)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NAME OF HOSPITAL</strong> (If delivery occurred outside of a hospital, list the street address where the delivery occurred.)</td>
<td></td>
</tr>
<tr>
<td><strong>MOTHER’S FULL NAME</strong> (As of the Date of Stillbirth) (First/Middle/Last)</td>
<td><strong>MOTHER’S BIRTH SURNAME</strong></td>
</tr>
<tr>
<td></td>
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</tr>
<tr>
<td><strong>FATHER’S FULL NAME</strong> (As of the Date of Stillbirth) (This item may be left blank if mother was unmarried and no AOP was filed.)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Applicant Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ONLY THE PARENT OF THE STILLBORN MAY FILE AND OBTAIN A COPY OF A STILLBIRTH CERTIFICATE FOR THAT EVENT. THE PARENT MUST SUBMIT A VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION AND PAYMENT OF $15.00.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Requestor Name</strong> (Print or Type). Requestor must attach a copy of picture identification</td>
<td><strong>Telephone Number</strong> (Include Area Code)</td>
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<tr>
<td><strong>Requestor Complete Mailing Address</strong> (include apartment number if applicable)</td>
<td><strong>City/State/Zip Code</strong></td>
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<thead>
<tr>
<th>Copies &amp; Fees</th>
<th></th>
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<tbody>
<tr>
<td><strong>Number of Copies requested.</strong></td>
<td><strong>Mail Request and identification to:</strong></td>
</tr>
<tr>
<td></td>
<td>State Registrar of Vital Records</td>
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<td></td>
<td>Department of Public Health</td>
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<tr>
<td></td>
<td>Vital Records-MS#11VRS</td>
</tr>
<tr>
<td></td>
<td>410 Capitol Avenue</td>
</tr>
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<td></td>
<td>Hartford, CT 06134-0308</td>
</tr>
<tr>
<td><strong>Fee:</strong> $15.00 per copy</td>
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<tr>
<td><strong>Make Checks Payable to:</strong> Treasurer, State of CT</td>
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<thead>
<tr>
<th>Applicant Signature</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>SIGNATURE OF MOTHER</strong></td>
<td><strong>DATE SIGNED</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>SIGNATURE OF FATHER</strong></td>
<td><strong>DATE SIGNED</strong></td>
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</tbody>
</table>

S:\efrugale\stillbirthcertificate.doc