The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to promote healthy lifestyles for women through implementing community programs to improve cardiovascular health.

Funding

A total of up to $900,000 of state funds is available to support competitive grants to municipalities for the promotion of healthy lifestyle programs for women in Connecticut. Funding in the amount not less than $10,000 or more than $100,000 will be available for each funded application, for which a fifty percent match shall be required. Funding will be available for an eighteen (18) month period beginning approximately January 1, 2008 through June 30, 2009, subject to the availability of funds and satisfactory program performance.

Eligibility

Applications will be accepted from municipalities in Connecticut only.

Closing Date

An original and five copies of the completed proposal must be postmarked no later than November 2, 2007. Hand delivered proposals will not be accepted.

Place Due

Department of Public Health
Public Health Initiatives Branch
410 Capitol Avenue, MS#11APV
Hartford, CT 06134-0308
Attention: Gary St. Amand
AIDS and Chronic Diseases Section, Heart Disease and Stroke Prevention Program
Gary.stamand@ct.gov

Further Information

Applicants who download the Request for Proposals (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 October 16, 2007 to Gary St. Amand, the DPH Project Coordinator. 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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A. Application Forms
B. Preliminary Review Team Technical Review Criteria Worksheet
C. Application Checklist
D. Website Resources
I. Statement of Purpose

The Connecticut Department of Public Health (DPH) Heart Disease and Stroke Prevention Program (HDSP) is seeking proposals to provide community-level women's healthy heart lifestyle promotion programs. These programs will fund municipalities that address modifiable risk factors for heart disease and stroke for women and must address following HDSP priorities established by CDC:

- Controlling high blood pressure (HBP);
- Controlling high blood cholesterol (HBC);
- Recognition of signs and symptoms of heart attack and stroke and the importance of calling 9-1-1; and
- Reducing other heart disease and stroke risk factors (tobacco use, diabetes, physical inactivity, and/or poor nutrition, etc.).

Projects that address health disparities will be given priority.

II. Background

Heart disease and stroke are the number one and number three leading causes of death in the nation and in Connecticut. Coronary heart disease is the leading cause of death for American women. Nearly twice as many women in the United States die of heart disease, stroke and other cardiovascular diseases as from all forms of cancer, including breast cancer. Twenty-three percent of women will die within one year after having a heart attack. Within six years of having a heart attack, about 46 percent of women become disabled with heart failure. Two-thirds of women who have a heart attack fail to make a full recovery.

Risk factors such as high blood pressure, high blood cholesterol, overweight, physical inactivity and diabetes that lead to heart disease can be modified and controlled. Research shows that more than 95 percent of those who die from heart disease have at least one of these major risk factors and that having just one risk factor doubles a woman’s chance of developing heart disease. Having two risk factors increase the chance of developing heart disease fourfold. Having three or more risk factors increases the chance more than tenfold.

Once a women reaches menopause, her risks of heart disease and heart attack increase dramatically. One in eight women between the ages of 45 and 64 has some form of heart disease, and this increases to one in four women over 65. Women of color have higher rates of some risk factors. More than 85 percent of African American women in midlife are overweight or obese, while 52 percent have high blood pressure, and 14 percent have been diagnosed with diabetes. Among Hispanic women in midlife, 78 percent are overweight or obese, while more than 10 percent have been diagnosed with diabetes.

Approximately 55% of all Connecticut resident cardiovascular disease (CVD) deaths in Connecticut in 2002 were female. In Connecticut, only 13 percent of adults know all the proper heart attack signs and only 19 percent know all the proper stroke signs.

Physical inactivity is a risk factor for heart disease and indirectly increases the risk of stroke. Heart disease is almost twice as likely to develop in inactive people than in those who are more active. Inactivity and poor nutrition often leads to weight gain, increasing the risk for heart disease, stroke and diabetes. About 50% of Connecticut adult women report physical inactivity, defined as less than 30 minutes of moderate activity at least five days a week.
High blood pressure is a major risk factor for heart attack and the most important risk factor for stroke. About 41% of African American women report high blood pressure compared with 23% of white women in Connecticut. Among older individuals, women are more likely than men to develop high blood pressure. Women have an increased risk of developing high blood pressure if they are obese, have a family history of high blood pressure, are pregnant, take certain types of birth control pills or have reached menopause. African-American women have higher blood pressure levels compared to Caucasian women.

High blood cholesterol is also a major risk factor for heart disease and also increases the risk of stroke. About 15% of Connecticut women report never having had their blood cholesterol checked, and among those women who have ever had it checked, 32% reported being told that their blood cholesterol was high. Women tend to have higher cholesterol than men from age 55 on. Research has also shown that low levels of high-density lipoprotein (HDL) cholesterol seem to be a stronger risk factor for women than men.

The more risk factors a women has, the greater her risk of having a heart attack or stroke. Some risk factors, such as age, gender, family history and previous cardiac events are beyond control, but many risk factors can be modified, treated or controlled through lifestyle changes. This RFP is intended to fund municipalities that address the modifiable risk factors for heart disease and stroke mentioned above and must address following HDSP priorities established by CDC:

- Controlling high blood pressure (HBP);
- Controlling high blood cholesterol (HBC);
- Recognition of signs and symptoms of heart attack and stroke and the importance of calling 9-1-1; and
- Reducing other heart disease and stroke risk factors (tobacco use, diabetes, physical inactivity, and/or poor nutrition, etc.).

Projects that address health disparities will be given priority.

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 the Branch 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, and the applicant’s Medicaid provider status and Medicaid number, if any. If the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise, please provide a copy of the corresponding certification.

C. Services to be Provided

Proposals that build upon existing resources and services, and promote collaboration among various agencies will be given preference. Applicants may propose to use existing program designs or evidence based curricula from sources such as the Centers for Disease Control and Prevention (CDC), Connecticut Association of Directors of Health, the American Heart Association, the American Stroke Association, or other organizations and agencies that promote cardiovascular health. Innovative and creative proposals that address health disparities will be given priority.

Proposals must also demonstrate the capacity for sustainability of the project upon cessation of funding.

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

1. Develop, or enhance an existing, local community network/coalition to promote healthy heart lifestyles for women.
2. Conduct a community assessment of resources and needs or document the need for a women’s healthy heart project based on local epidemiological data.
3. Utilizing feedback from the local community network/coalition, develop a plan to implement strategies to promote healthy lifestyles for women. Strategies must include the following HDSP priorities:
   • Controlling high blood pressure (HBP);
   • Controlling high blood cholesterol (HBC);
   • Recognition of signs and symptoms of heart attack and stroke and the importance of calling 9-1-1; and
   • Reducing other heart disease and stroke risk factors (e.g. tobacco use, diabetes, physical inactivity, and/or poor nutrition, etc.).
4. Implement strategies from the plan to promote healthy heart lifestyles in women.
5. Demonstrate sustainability of the project after the grant period.

The services to be provided must be detailed in a narrative in the Attachment A/Application Forms.

Further links for heart disease and stroke can be found at the Department of Public Health website for the Heart Disease and Stroke Prevention Program:

http://www.ct.gov/dph/cwp/view.asp?a=3135&pm=1&Q=387022

Examples for initiatives can be found in Attachment D Reference List for Various Websites.
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.

State and federal funds cannot be used toward the required 50% match.

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.

Copies of state set aside certifications for small and/or minority business must also be provided.

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

E. Work plan

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

F. Staffing

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

G. Contract Compliance

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

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

1. An original and five copies of the completed proposal must be addressed to:
   Gary St. Amand, Public Health Initiatives, AIDS and Chronic Diseases Section, Heart Disease
   and Stroke Prevention Unit and must be postmarked no later than November 2, 2007.
   No hand delivered proposals will be accepted.

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 December 10, 2007
   with an effective project start date on or about January 1, 2008.

V. Deliverables

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

A. Progress reports submitted quarterly;

B. Expenditure reports submitted quarterly;

C. Updated list of partners in local network/coalition and documentation of any meetings;

D. Copy of the plan developed through this contract;

E. Curriculum used for classes performed through this contract; and

F. Final report on project and plans for future sustainability.

VI. Supervision

A designated DPH Project Manager within the Public Health Initiatives 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, Application 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. Application Checklist

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment C, Application Checklist). Applicants who fail to follow instructions or to 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 (See Attachment B for complete requirement language).

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

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

2. The extent to applicant describes how a local community network/coalition to promote healthy heart lifestyles in women will be developed or enhanced;

3. The need for services as described in the method for implementing a community assessment or documenting the need for a women’s healthy heart project based on local epidemiological data. Priority will be given to applicants who address health disparities within their municipality;

4. The extent to which the proposal describes a plan to implement strategies from the community assessment or documentation of needs utilizing feedback from the local community network/coalition which include HDSP priorities (controlling high blood pressure and high blood cholesterol, recognition of signs and symptoms of heart attack and stroke and the importance of calling 911, and reducing other heart disease and stroke risk factors);

5. The degree to which the applicant describes how they will implement strategies from the plan to promote healthy heart lifestyles in women and the sustainability of the project;

6. The extent to which the applicant has demonstrated successful experience providing similar services;

7. The extent to which references provided support the applicant's success in providing similar services;

8. 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 and the extent to which adequate time is allocated to manage the services to be provided;

9. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines;

10. The extent to which a cost effective budget is presented which follows eligibility guidelines including documentation of the 50% match and the FISCAL COMPETITIVENESS OF THE PROPOSAL; and

11. 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.
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.

All Review Panel members must sign an Ethics and Confidentiality Agreement which states they have no conflict of interest with any of the applicants, agree that they will not have any ex parte communications with any applicants, and agree to maintain the confidentiality of all RFP information and materials.

Panel Members review the proposals prior to the Review Panel and complete ATTACHMENT B PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET for each proposal. Then meeting as a group, the Review Panel discusses the strengths and weaknesses of each proposal and finalizes their individual scores. After the group discussion, the Review Panel determines the Team Score for each proposal by averaging individual ratings, and then ranking proposals from highest to lowest.

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

VIII. Regulatory Compliance

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

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

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation.

Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or her/his agent, except in the case of a bona fide occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person’s sexual orientation or civil union status.
The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

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

IX. Affirmative Action Notice

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

X. Rights Reserved to the State

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
XI. ATTACHMENTS
REQUEST FOR PROPOSAL
RFP # 2008-0914
Women’s Healthy Heart 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.
B. CONTRACTOR INFORMATION

PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

Contract and Legal Documents/Forms:

Name       Title          Tel. No.

Street     Town           Zip Code

Email      Fax No.

Program Progress Reports:

Name       Title          Tel. No.

Street     Town           Zip Code

Email      Fax No.

Financial Expenditure Reporting Forms:

Name       Title          Tel. No.

Street     Town           Zip Code

Email      Fax No.

Incorporated:  YES  NO

Agency Fiscal Year:

Type of Agency:  Public  Private  Other,

Explain:

Profit  Non-Profit

Federal Employer I.D. Number:

Medicaid Provider Status:  YES  NO

Town Code No:

Medicaid Number:

Minority Business Enterprise (MBE):  YES  NO

Women Business Enterprise (MBE):  YES  NO
C. Services to be Provided

Provide a one page summary of the proposed Women’s Healthy Heart Program. Then, provide a narrative not to exceed 8 pages that addresses in detail the following:

1. The extent to which services to be provided are described clearly and cover all requirements in the RFP;
   - Ensure that the proposal is cohesive and comprehensive and that the summary, narrative, workplan, profile of staff, and budget are consistent with the overall project goals and objectives.
   - Ensure that the project is innovative and creative, and is descriptive, thorough and makes sense with populations and resources available in the municipality.

2. The extent to which the applicant describes how a local community network/coalition to promote healthy heart lifestyles in women will be developed or enhanced;
   - Describe how your municipality will be developing or enhancing a local coalition to promote healthy heart lifestyles in women.
   - Describe who will be engaged, their roles, and how their feedback will be incorporated into the plan and implementation strategies.

3. The need for services as described in the method for implementing a community assessment or documenting the need for a women’s healthy heart project based on local epidemiological data;
   (Priority will be given to applicants who address health disparities within their municipality.)
   - Describe how the need for services will be demonstrated through a community assessment or through the use of local data.
   - Describe how you plan to address health disparities within your municipality.

4. The extent to which the proposal describes a plan to implement strategies from the community assessment or documentation of needs utilizing feedback from the local community network/coalition which include HDSP priorities (controlling high blood pressure and high blood cholesterol, recognition of signs and symptoms of heart attack and stroke and the importance of calling 911, and reducing other heart disease and stroke risk factors);
   - Describe how your plan and strategies will be developed by incorporating the need for services.
   - Describe how the CT HDSP Program priorities will be incorporated into your plan.

5. The degree to which the applicant describes how they will implement strategies from the plan to promote healthy heart lifestyles in women and the sustainability of the project.
   - Describe specifically how you will implement strategies from the plan and who will be responsible for each step.
   - Describe how services will be sustained after project funding ends.
6. Demonstrate your successful experience in providing similar services.
   • Describe your municipality’s successful experience in providing health promotion projects that target disease risk factors. Describe the staffing utilized, the types of promotion and the populations targeted.
   • Describe your municipality’s successful experience in developing a local community network/coalition to address health issues.

7. Provide at least two references (with their telephone numbers) who may be contacted to support the description of your successful experience in providing these services.

*Please note that DPH AIDS and Chronic Diseases Section staff cannot serve as references.*

8. 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 and the extent to which adequate time is allocated to manage the services to be provided
   • In addition to completing Application Form F. Staffing, briefly describe the experience for staff dedicated to the project have adequate qualifications compatible with the project requirements.
   • Briefly describe the amount of staff time to be dedicated to the project.
   • Describe the resources available to staff to manage the services to be provided.

9. The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines.
   • Describe the approach used in developing the proposed plan. Include how the development of measurable objectives, the timeline, and budget will be used to support the proposal. Use the work plan form to elaborate.
   • Briefly state the organization’s hours of operation and indicate the suitability of these hours to the services required in this proposal.

10. The extent to which a cost effective budget is presented which follows eligibility guidelines including documentation of the 50% match and the FISCAL COMPETITIVENESS OF THE PROPOSAL.
    • Provide a detailed budget and narrative using the budget forms for the period from January 1, 2008 to June 30, 2008 and for the year July 1, 2008 to June 30, 2009 which demonstrates cost effectiveness and fiscal competitiveness. (See pages 5-6 of the Application Forms for budget instructions.)
    • Describe how your municipality will provide a fifty percent match for the grant which includes a one page budget. (Matching may be provided in the form of funding or staff time, however, state or federally supported funds may not be used toward the match).

11. 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;
    • If small and minority businesses are not used, describe how goods and services are cost efficient.
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:**
   
   | Name & Position: John Smith, Coordinator | Calculation: $25.00 hr X 35hrs X 45wks | $39,375 |
   | Fringe Benefit: 26% | Fringe Benefit: $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.ct.gov/opm/cwp/view.asp?a=2981&q=382994&opmNav_GID=1806

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. **Administrative and General costs cannot exceed 15% of total costs.**

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. **Budgets:** 1 set of budget forms has been provided. Please complete a six-month budget for the period 1/1/08 – 6/30/08 of between $5,000 - $50,000 and a one-year budget for the period 7/1/08 – 6/30/09 of between $5,000 and $50,000, clearly indicating the year on each form. Assume level funding for the second year. The total amount of funding for the 18-month period must not be less than $10,000 or more than $100,000.

   **Note:** If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead.
B. **Budget Justification Schedule B**
   
   I. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.  
   ***Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.***
   
   II. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

   **Example:**

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

C. **Subcontractor Schedule A--Detail**

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

   II. **Detail of Each Subcontractor:**

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

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

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

   **Example A. Budget Basis**

   - 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**: $5,000

   **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.***
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel:</strong></td>
<td></td>
</tr>
<tr>
<td>1) Name &amp; Position:</td>
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<tr>
<td>Calculation:</td>
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<tr>
<td>Fringe Benefit: %</td>
<td></td>
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<td>2) Name &amp; Position:</td>
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<tr>
<td>Calculation:</td>
<td></td>
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<tr>
<td>Fringe Benefit: %</td>
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<td>3) Name &amp; Position:</td>
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<td>Calculation:</td>
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<tr>
<td>Fringe Benefit: %</td>
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<td>4) Name &amp; Position:</td>
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<td>Calculation:</td>
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<tr>
<td>Fringe Benefit: %</td>
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<tr>
<td>5) Name &amp; Position:</td>
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<td>Calculation:</td>
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<td>Fringe Benefit: %</td>
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<tr>
<td>6) Travel per mile X miles</td>
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<tr>
<td>7) Training</td>
<td></td>
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<td>8) Educational Materials</td>
<td></td>
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<tr>
<td>9) Office Supplies</td>
<td></td>
</tr>
<tr>
<td>10) Medical Materials</td>
<td></td>
</tr>
<tr>
<td>11) Contractual (Subcontracts)**</td>
<td></td>
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<tr>
<td>12) Telephone</td>
<td></td>
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<tr>
<td>13) Advertising</td>
<td></td>
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<tr>
<td>14) Other Expenses (List Below)</td>
<td></td>
</tr>
<tr>
<td>a)</td>
<td></td>
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<td>b)</td>
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<td>e)</td>
<td></td>
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<tr>
<td>f)</td>
<td></td>
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<tr>
<td>15) Administrative and General Costs</td>
<td></td>
</tr>
<tr>
<td><strong>Total DPH Grant</strong></td>
<td></td>
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</tbody>
</table>

Other Program Income:

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

#### #1

<table>
<thead>
<tr>
<th>Program:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Subcontractor Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone: (      ) (      )</td>
<td></td>
</tr>
</tbody>
</table>

Select One:
- [ ] Budget Basis
- [ ] Fee-for-Service
- [ ] Hourly Rate

Indicate One:
- [ ] MBE
- [ ] WBE
- [ ] Neither

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

Total Subcontract Amount:

#### #2

<table>
<thead>
<tr>
<th>Subcontractor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone: (      ) (      )</td>
<td></td>
</tr>
</tbody>
</table>

Select One:
- [ ] Budget Basis
- [ ] Fee-for-Service
- [ ] Hourly Rate

Indicate One:
- [ ] MBE
- [ ] WBE
- [ ] Neither

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

Total Subcontract Amount:

#### #3

<table>
<thead>
<tr>
<th>Subcontractor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
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<tr>
<td>Telephone: (      ) (      )</td>
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</tbody>
</table>

Select One:
- [ ] Budget Basis
- [ ] Fee-for-Service
- [ ] Hourly Rate

Indicate One:
- [ ] MBE
- [ ] WBE
- [ ] Neither

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

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

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

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

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

*Attach Resumes for all Professional Staff or job descriptions for unfilled professional positions.
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.

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

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

**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
<table>
<thead>
<tr>
<th>Applicant</th>
<th>Criteria</th>
<th>Maximum Points</th>
<th>Review Panel Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP, including:</td>
<td>(10)</td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td>a) The proposal is cohesive and comprehensive and that the summary, narrative, workplan, profile of staff, and budget are consistent with the overall project goals and objectives.</td>
<td></td>
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<tr>
<td></td>
<td>b) The project is innovative and creative, and is descriptive, thorough and makes sense with populations and resources available in the municipality.</td>
<td></td>
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<tr>
<td>2)</td>
<td>The extent to which the applicant describes how a local community network/coalition to promote healthy heart lifestyles in women will be developed or enhanced, including:</td>
<td>(10)</td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td>a) The description of how the municipality will be developing or enhancing a local coalition to promote healthy heart lifestyles in women.</td>
<td></td>
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<tr>
<td></td>
<td>b) The description of the intended participants as well as their roles and how their feedback will be incorporated into the plan and implementation strategies.</td>
<td></td>
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</tr>
<tr>
<td>3)</td>
<td>The need for services as described in the method for implementing a community assessment or documenting the need for a women’s healthy heart project based on local epidemiological data, including:</td>
<td>(10)</td>
<td>( )</td>
</tr>
<tr>
<td></td>
<td>a) The description of how the need for services will be demonstrated through a community assessment or through the use of local data.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>b) The description of how the applicant plans to address health disparities within the municipality.</td>
<td></td>
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<tr>
<td></td>
<td>(Health disparities within the municipality will be given priority).</td>
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<td>4)</td>
<td>The extent to which the proposal describes a plan to implement strategies from the community assessment or documentation of needs utilizing feedback from the local community network/coalition which include HDSP priorities (controlling high blood pressure and high blood cholesterol, recognition of signs and symptoms of heart attack and stroke and the importance of calling 9-1-1, and reducing other heart disease and stroke risk factors, including:</td>
<td>(15)</td>
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<td></td>
<td>a) The description of how the applicant’s plans and strategies will be developed by incorporating the need for services.</td>
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<td></td>
<td>b) The description of how the CT HDSP Program priorities will be incorporated into the plan.</td>
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<td>5)</td>
<td>The degree to which the applicant describes how they will implement strategies from the plan to promote healthy heart lifestyles in women and the sustainability of the project, including:</td>
<td>(10)</td>
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<td></td>
<td>a) The description of specifically how the applicant will implement strategies from the plan and who will be responsible for each step.</td>
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<td>b) The description of how services will be sustained after project funding ends.</td>
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<td>6)</td>
<td>The extent to which the applicant has demonstrated successful experience providing similar services, including:</td>
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<td></td>
<td>a) The description of the municipality’s successful experience in providing health promotion projects that target disease risk factors.</td>
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<td></td>
<td>b) The description of the staffing utilized, the types of promotion and the populations targeted.</td>
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<td></td>
<td>c) The description of the municipality’s successful experience in developing a local community network/coalition to address health issues.</td>
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<td>d) The description of the health disparities within the municipality and how the applicant plans to address this.</td>
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<td>7)</td>
<td>The extent to which references provided support the applicant’s success in providing similar services, including:</td>
<td>(5)</td>
<td>( )</td>
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<td></td>
<td>a) The extent to which references support the description of the applicant's successful experience in providing these or similar services.</td>
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<td></td>
<td>Please note that DPH AIDS and Chronic Diseases Section staff cannot serve as references.</td>
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<tr>
<td>Applicant</td>
<td>Criteria</td>
<td>Maximum Points</td>
<td>Review Panel Score</td>
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<td>8)</td>
<td>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 and the extent to which adequate time is allocated to manage the services to be provided, including: &lt;br&gt;a) The description of the experience and resumes for staff dedicated to the project have adequate qualifications compatible with the project requirements. &lt;br&gt;b) The description of the amount of staff time to be dedicated to the project. &lt;br&gt;c) The description of the resources available to staff for managing the services to be provided.</td>
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<td>9)</td>
<td>The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines, including: &lt;br&gt;a) The description of the approach used in developing the proposed plan which includes how the development of measurable objectives, the timeline, and budget will be used to support the proposal. &lt;br&gt;b) The extent to which the organization’s hours of operation are suitable to the services required in this proposal.</td>
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<td>10)</td>
<td>The extent to which a cost effective budget is presented which follows eligibility guidelines including documentation of the 50% match and the FISCAL COMPETITIVENESS OF THE PROPOSAL, including: &lt;br&gt;a) The extent to which the applicant provides a detailed budget and narrative using the budget forms for the period from January 1, 2008 to June 30, 2008 and for the year July 1, 2008 to June 30, 2009 which demonstrates cost effectiveness and fiscal competitiveness. &lt;br&gt;b) Documentation of how the municipality will provide a fifty percent match for the grant which includes a one page budget. (Matching may be provided in the form of funding or staff time, however, state or federally supported funds may not be used toward the match).</td>
<td>(10)</td>
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<td>11)</td>
<td>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, including: &lt;br&gt;a) If small and minority businesses are not used, the description of how goods and services are cost efficient.</td>
<td>(5)</td>
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**MAXIMUM TOTAL** 100
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 postmarked no later November 2, 2007. No hand delivered proposals will be accepted. __________

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

7. The proposal is signed by an authorized official of the Applicant Organization __________
1. The American Diabetes Association:
   http://www.diabetes.org/home.jsp
   A comprehensive website on diabetes including information on local programs and events, professional and patient information as well as a book store for purchasing diabetes information.

2. The American Heart Association (AHA):
   http://www.americanheart.org/presenter.jhtml?identifier=1200000
   A comprehensive website on heart disease, risk factors, health programs, and resources.

3. The Centers for Disease Control and Prevention (CDC):
   http://www.cdc.gov/DHDSP/
   The CDC Heart Disease and Stroke Prevention Program web page. Contains resources, promising practices, programs, links and data.
   Also: http://www.cdc.gov/nccdphp/publications/PromisingPractices/

4. The Connecticut Association of Directors of Health (CADH):
   www.cadh.org/CADHResources/HealthyEatingActiveLivingToolkit/tabid/61/Default.aspx
   Healthy Eating Active Living toolkit for establishing community-based approaches to promote healthy lifestyles.

5. Diabetes Prevention Program:
   http://www.ct.gov/dph/cwp/view.asp?a=3132&q=388098&dphPNavCtr=|#47041
   Provides 16 week curriculum to conduct a diabetes prevention program focusing on physical activity and healthy eating. The program also emphasizes the cardiovascular benefits of this approach.

6. Division of Diabetes Translation at the Centers for Disease Control and Prevention:
   http://www.cdc.gov/diabetes/
   Provides data, publication and products for diabetes.

7. The National Diabetes Education Program:
   www.ndep.nih.gov
   Provides multiple resources at professional and patient level in a variety of languages. Can order up to 25 copies of most items for free.

8. National Heart, Lung, and Blood Institute (NHLBI):
   www.nhlbi.nih.gov
   Comprehensive health information website for public, researchers and health professionals. Contains latest guidelines for high blood pressure and high blood cholesterol.

   www.stroke.org
   Comprehensive website on stroke resources, programs and links.

10. Stanford Chronic Disease Self Management Programs:
    http://patienteducation.stanford.edu/programs/
    The Stanford website offers a variety of evidenced based programs. The site describes the programs and provides information on their licensing and policy requirements.

    www.win.niddk.nih.gov/sisters/index.htm
    Sisters Together: Move More, Eat Better Program. Weight-control Information Network (WIN) designed to encourage Black women 18 and over to maintain a healthy lifestyle.