

PROCUREMENT NOTICE

Department of Public Health
Public Health Initiatives Branch
AIDS & Chronic Diseases Section

LEGAL NOTICE**Request for Proposal (RFP)
RFP # 2011-0914****HIV Medication Adherence Services**

The Connecticut Department of Public Health (DPH), AIDS and Chronic Diseases Section is seeking proposals from Connecticut-based public and private organizations and community-based agencies to provide HIV Medication Adherence Services for people living with HIV/AIDS (PLWHA).

An anticipated annual total of approximately eight hundred-fifty thousand dollars (\$850,000) of Federal Ryan White Part B and State funding is available to support HIV Medication Adherence Services. Funding will begin approximately **July 1, 2011 through June 30, 2014**, subject to the availability of funds.

The Request For Proposals (RFP) is available in electronic format on the State Contracting Portal at:
http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp, or from the Department's Official Contact:

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The RFP is also available on the Department's website at <http://www.ct.gov/dph> (Request for Proposals). A printed copy of the RFP can be obtained from the Official Contact upon request.

**Deadline for submission of proposals to the DPH is
Friday, January 21, 2011 by 4:00 pm**

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I. GENERAL INFORMATION

This section of the RFP provides general information about the Department's procurement and, most importantly, gives instructions to proposers and prospective proposers about how to comply with the RFP process and how to submit an acceptable proposal for review. Failure to comply with the RFP process or instructions may deem a proposal non-responsive and subject to rejection without further consideration. The subsections of Section I are standard, but their contents vary by RFP, depending on the Department's procurement requirements.

■ A. INTRODUCTION

1. RFP Name or Number. RFP # 2011-0914: HIV Medication Adherence Program (MAP)

2. Summary. The Connecticut Department of Public Health (DPH) AIDS and Chronic Diseases (ACD) Section is seeking proposals from Connecticut-based public and private organizations and community-based agencies to provide HIV Medication Adherence* Services to people infected with the Human Immunodeficiency Virus (HIV) and those who have clinically defined AIDS.

*Adherence: The extent to which a Person Living With HIV/AIDS (PLWHA) takes a medication as prescribed by a health care provider.

3. Synopsis. Applicants must submit a complete original proposal, five copies and an electronic copy.

4. Commodity Codes. The services that the Department wishes to procure through this RFP are as follows:

1000: Healthcare Services

2000: Community and Social Services

Note: Please see Section III. Program Information for a complete description of service components and respective service category definitions.

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ACD	AIDS & Chronic Diseases
ADAP	AIDS Drug Assistance Program
BFO	Best and Final Offer
CADAP	Connecticut AIDS Drug Assistance Program
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT)
FDA	Federal Drug Administration
FPL	Federal Poverty Level
FOIA	Freedom of Information Act (CT)
HRSA	Health Resources and Services Administration
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MAP	Medication Adherence Program
MCM	Medical Case Management/Medical Case Managers

OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
PHS	Public Health Services (US)
PLWHA	People Living with HIV/AIDS
POS	Purchase of Service
RFP	Request For Proposal
SCSN	Statewide Coordinated Statement of Need
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

■ C. INSTRUCTIONS

1. **Official Contact.** The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the only authorized contact for this procurement and, as such, handles all related communications on behalf of the Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

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Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **RFP Information.** The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department of Public Health's Web Page (Click on Request for Proposals on Main Page)
<http://www.ct.gov/dph>

- State Department of Administrative Services (DAS) Contracting Portal
http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State DAS Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

- 3. Contract Awards.** The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department of Public Health, AIDS & Chronic Diseases Section. The Department anticipates the following:

 - Total Estimated Funding Available: \$850,000 per year (\$2,550,000 total for three years)
 - Number of Awards: 8-12
 - Contract Cost: To be negotiated with successful proposers
 - **Contract Term: July 1, 2011 through June 30, 2014**
- 4. Eligibility.** Connecticut private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and CT municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.
- 5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

 - Familiarity with the Ryan White HIV/AIDS Care Program and its constituent Parts (A-F), the Ryan White HIV/AIDS Treatment Extension Act of 2009.
 - Experience in delivering culturally competent HIV Medication Adherence Services to people living with HIV/AIDS (PLWHA) in Connecticut.
 - Knowledge of the community/area(s) to be served including any emerging trends, populations or HIV service needs/gaps.
 - Demonstrated knowledge of HIV disease, HIV treatment, HIV Medication Adherence, co-morbidities, and provision of services to underserved, under-or-uninsured PLWHA.
 - A history of successful community collaboration with health care and support service providers and agencies, including Ryan White Parts (A-D, F), HIV Prevention Services, and other social and/or human service providers and State agencies.
 - Technology and infrastructure to support CAREWare as the data collection and reporting tool.
 - Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability.
 - Sufficient experienced staff, or the ability to hire qualified personnel, to execute the proposed plan of service delivery.
- 6. Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State DAS Contracting Portal and, if available, the Department's RFP Web Page. It is recommended that all proposers frequently check the DAS Contracting Portal and DPH website for any amendments to this RFP.

- **RFP Planning Start Date:** July 2010
- **RFP Released:** Wednesday, December 8, 2010 by 4:00pm
- **Letter of Intent Due:** Wednesday, December 22, 2010 by 4:00pm
- **Deadline for Questions:** Wednesday, December 22, 2010 by 4:00pm
- **Answers Released (Round 1):** Not Applicable
- **RFP Conference:** Not Applicable
- **Answers Released (Round 2):** Wednesday, January 5, 2011 by 4:00pm
- **Proposals Due:** Friday, January 21, 2011 by 4:00pm
- **(* Proposer Selection:** March-April 2011
- **(* Start of Contract Negotiations:** March-April 2011
- **(* Start of Contract:** Friday, July 1, 2011

7. **Letter of Intent.** A Letter of Intent (LOI) is recommended, but not required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule (**Wednesday, December 22, 2010 by 4:00pm**). The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.
8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule (**Wednesday, December 22, 2010 by 4:00pm**). **Questions submitted by e-mail must indicate in the e-mail subject line: RFP 2011-0914.** The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State DAS Contracting Portal and, if available, on the Department's RFP Web Page.
9. **RFP Conference.** An RFP (Bidders) conference will not be held to answer questions from prospective proposers.
10. **Proposal Due Date and Time.** The Official Contact is the only authorized recipient of proposals submitted in response to this RFP.

Proposals must be received by the Official Contact on or before the due date and time:

- **Due Date:** Friday, January 21, 2011
- **Time:** 4:00pm

Faxed or e-mailed proposals will not be evaluated. Proposals hand-delivered by the proposer will also not be accepted. **The Department will not accept a postmark date as the basis for meeting the submission due date and time.**

Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- **One (1) original UNBOUND proposal (marked as Original),**
- **Five (5) conforming UNBOUND copies (marked as Copy)** of the original proposal and,
- **One (1) conforming electronic copy** of the original proposal emailed to the Official Contract. Please indicate in email Subject Line: Name of Proposer and HIV Medication Adherence Services RFP 2011-0914.

The original proposal must be complete, properly formatted and outlined, carry original signatures and be clearly marked on the cover as "original." Unsigned proposals will not be evaluated.

The electronic copy of the proposal(s) must be compatible with Microsoft Office Word 2003 and Microsoft Office Excel 2003. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

- 11. Multiple Proposals.** The submission of multiple proposals is not an option with this procurement.
- 12. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. **If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal.** *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
- 13. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. **In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement (Section IV. Proposal Outline, D.).** *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in **Section IV – Proposal Outline**. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet. The Cover Sheet is Page 1-2 of the proposal.** The Proposers must complete and use the Cover Sheet form provided by the Department in Section IV.I – Forms.

Legal Name is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV. Proposal Outline)
4. **Executive Summary.** Proposals must include a high-level summary, **not exceeding 2 pages**, of the main proposal and cost proposal. The Executive Summary must include a brief description of the medication adherence services proposed including needs to be addressed, proposed services, the populations to be served, and the proposed cost.

Executive summary style requirements:

- Font Size: No smaller than 10 point type
 - Font Type: Easily readable (e.g. Arial or Verdana)
 - Margins: 0.5" on top, bottom, left and right,
 - Line spacing: 1.5 line spacing
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
 6. **Style Requirements.** Each submitted proposal narrative must conform to the following specifications (*For Executive Summary style requirements see #4 above*):
 - Binding Type: Unbound, but fastened with binder clips
 - Dividers: None specified
 - Paper Size: 8.5" x 11"
 - Page Limit: 12 page narrative limit, not including Executive Summary, Required Forms, and Attachments
 - Print Style: Single-sided
 - Font Size: No smaller than 10 point type
 - Font Type: Easily readable (e.g. Arial or Verdana)
 - Margins: No less than 0.5" top, bottom, left and right margins
 - Line Spacing: 1.5 line spacing
 7. **Pagination.** The proposer's name (e.g. Agency or organization name) must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be clearly and consecutively numbered at the bottom center of each page.

- 8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
- 2. Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must: (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline, and, (4) be complete and in compliance with requirements specified in the RFP. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The DPH will reject any proposal that deviates significantly from the requirements of this RFP. In addition, applicants with long-standing significant unresolved issues on current or prior year contracts with the DPH may be removed from consideration for additional funding.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. **The weights are disclosed below (Total of 100):**
 - Organizational Profile (10)
 - Scope of Services (20)
 - Staffing Plan (10) see *following Note*
 - Data and Technology (10)
 - Subcontractors (0): *not applicable (included in Budget)*
 - Work Plan (20)
 - Financial Profile (10)
 - Budget and Budget Narrative (10)
 - Appendices and Attachments (10)

Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Department of Public Health, unsuccessful proposers may contact the Official Contact indicated in this RFP and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department of Public Health, AIDS & Chronic Diseases Section to discuss the evaluation process and their proposal(s). If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the

Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

- 7. Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
- 8. RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class people.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms. **IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.**

III. PROGRAM INFORMATION

A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and, is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated.

The mission of the Connecticut Department of Public Health is:

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

Connecticut's Department of Public Health AIDS and Chronic Diseases (ACD) Section leads the statewide coordination of HIV care and prevention services. The ACD Section's programs are organized into four units: (a) The Health Care and Support Services Unit (HCSS), which oversees Ryan White Part B care programs and services for PLWHA including the Connecticut AIDS Drug Assistance Program (CADAP); (b) The HIV Prevention Unit, which oversees prevention services and targeted effective behavioral interventions for people infected or at risk of HIV infection, (c) The HIV/AIDS Surveillance Unit, which oversees the data that is collected on HIV and AIDS in Connecticut and is responsible for producing the state's Epidemiological Profile, as well as monitoring trends and emerging issues/populations, and (4) The Chronic Diseases Program, which oversees the Heart Disease and Stroke Prevention (HDSP) and Diabetes Prevention and Control Programs.

The Health Care and Support Services Unit (HCSS) is responsible for the administration and oversight of the Ryan White Part B grant, the Minority AIDS Initiative (MAI), the non-medical Transitional Case Management program (transitional linkage to the community), and the HIV Medication Adherence Programs (MAP). The DPH has received Ryan White Part B funds for 20 years from the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA). CADAP pays for HIV-related pharmaceuticals and is in the process of implementing health insurance continuation for PLWHA who do not have other sources of assistance (e.g. private insurance or Medicaid) up to 400% FPL. (Note: CADAP services are not being solicited in this RFP).

The mission of the HCSS is to assure access to and retention in quality health care and related services for all people living with HIV/AIDS in accordance with the current Ryan White Program (The Ryan White HIV/AIDS Treatment Extension Act of 2009). Its vision is to ensure that PLWHA maintain and improve linkages to an array of comprehensive health care services that foster self-efficacy and promote optimal health outcomes.

■ B. PROGRAM OVERVIEW

HIV Medication Adherence Program (MAP)

People living with HIV/AIDS (PLWHA) are living longer and healthier lives due to the advent of highly active antiretroviral therapy (HAART). When taken as prescribed, these medications can lower the HIV viral load and increase the CD4 count which positively impacts their quality of life. To be effective, this therapy requires strict adherence, which means that PLWHA must take their medications correctly 95% of the time. When not taken as prescribed the effectiveness of the medication regimen is hampered and resistance to the medications may occur. In addition studies have shown a decrease risk of HIV transmission when PLWHA are completely adherent to their antiretroviral (ARV) regimen, have viral suppression (viral load <40 copies/ml), and do not have any other sexual transmitted diseases.

Taking these medications can be difficult due to many factors such as: debilitating side effects, difficulties encountered with the number of pills, and inconvenient times medications need to be taken. In addition many PLWHA have co-morbidities such as mental health issues, substance abuse, and co-infection with Hepatitis. Barriers to adherence can include homelessness and other housing issues, lack of transportation, lack of access to medical care, poverty, and competing life issues.

Most health providers who treat PLWHA recognize the importance of providing their HIV clients with medication adherence guidance. However their interventions are often limited due to the time constraints of the medical visit. Dedicated staff is needed to provide comprehensive assessments, assist clients to overcome barriers to adherence, and monitor strategies to help clients adhere to their medication and treatment regimens.

Eligibility for services shall be limited to Connecticut residents living with HIV/AIDS who are contemplating taking or are currently taking HIV medication and need assistance with adherence treatment, coping with side effects from the medications, and/or need education on their treatment regimen. However, there is no financial eligibility for adherence counseling and health education. There is a financial eligibility of 300% FPL for support services (adherence devices, nutritional supplements). Services provided should be made in conjunction with the client's medical provider(s) and medical case manager as much as possible.

The structure of the HIV Medication Adherence Programs is a medical/psychosocial model staffed by licensed medical personnel: Physician's Assistant (PA), Advanced Practice Registered Nurse (APRN), Registered Nurse (RN), or Licensed Practical Nurse (LPN) who provide more than a one-time intervention to assess and assist the client with HIV medication and related treatments. The program shall sustain the capacity to conduct on-going monitoring of the client's ability to adhere to the HIV medication and treatment regimen.

The Connecticut DPH AIDS & Chronic Diseases Section HCSS Unit is seeking contractors throughout the State to provide HIV Medication Adherence Services as defined by the DPH HIV Medication Adherence Program Protocol. This Protocol can be found on the DPH website: <http://www.ct.gov/dph>. The services to be provided shall be delivered in the context of assisting a client to adhere to an HIV medication regimen.

The services shall include, but are not limited to the following:

1. Provision of client centered HIV medication and treatment adherence counseling by licensed professional staff which includes:
 - a. Initial and ongoing, at least every six (6) months, assessment of client's motivation, strengths, weaknesses, for medication adherence and understanding of HIV disease.
 - b. Initial and ongoing, at least every six (6) months, assessment of client's psychosocial situation and identification of any barriers to medication/treatment adherence.
 - c. Initial and ongoing, at least every six (6) months, assessment of client's medical, substance abuse, and mental health status relative to HIV medication/treatment adherence.
 - d. Provision of health education (e.g. HIV disease, co-morbidities, nutrition, etc) as needed.
 - e. Provision of referrals (e.g. Partner Notification Services, Risk Reduction or HIV Prevention Interventions) as needed.
2. Provision of a client centered care plan by licensed professional staff which includes:
 - a. Realistic and measurable HIV medication adherence goals;
 - b. Monitoring the client's progress in meeting the goals of the plan in the client record;
 - c. Development and monitoring of strategies used to improve adherence which are documented in the client record;
 - d. Collaboration with client's providers, including other members of the health team to obtain necessary support for maximizing adherence to HIV medication/treatment regimens (e.g. MCM for support services, CADAP, medical providers, mental health providers, substance abuse providers, etc.).
3. Client's progress in meeting medication adherence goals including the use of adherence devices shall be documented at least monthly in the client record in the progress notes and at least every six months in the care plan.
4. Medication Adherence Providers may provide services in a hospital, clinic, community based organization etc. It is preferred that the medication adherence provider be able to meet with the client in their home or at appropriate community locations as needed.
5. A description of how applicants will interface and collaborate with other community healthcare and service providers shall be provided. This description shall include how other resources and community services will be accessed for clients in relation to supporting medication/treatment adherence.
6. A mechanism shall be identified by the applicant to provide administrative and clinical supervision for the adherence provider. A Doctor, Physician's Assistant, or Advanced Practiced Registered Nurse (APRN) who specializes in HIV/AIDS Care shall provide clinical supervision. The clinical supervisor shall provide clinical guidance, education, and expertise regarding HIV disease management, complications of HIV infection, co-morbidities, interpretation of diagnostic testing, medications, side effects, and any other relevant medical issues. The overall goal is to assist the medication adherence provider to enhance/improve medication adherence for their clients.
7. Adherence support devices/supplies shall be available to Medication Adherence Programs through a DPH subcontractor as funding permits. Any adherence support

devices/supplies above and beyond the supply at the DPH subcontractor shall have DPH approval prior to purchase.

8. Applicants shall demonstrate how they will identify clients needing Medication Adherence Services and how they will market the program.

Special Considerations:

Proposers should be aware of the following special considerations related to the RFP and DPH funding requirements:

- The amount of funding for HIV Medication Adherence Services allocated in this RFP is an estimate based on previous state and federal funding levels. This funding amount may change based on the amount of funding allocated by the State and on the actual award received from the Federal Government (HRSA).
- Funding received by a contractor under previous state and federal funding processes (RFP) is not a guarantee of future funding under the Program or through the State of Connecticut as grantee of Part B funds.
- Active collaboration and shared planning across and beyond all Parts (A-D,F) of the program is strongly encouraged. Co-location of HIV Medication Adherence Services is highly recommended but not required.
- Areas of high prevalence and incidence of HIV/AIDS will be given the first priority (Surveillance information can be found at www.ct.gov/dph).
- Service providers shall be required to adhere to the DPH HIV Medication Adherence Program Protocol, set up and maintain clients files as per DPH requirements, install and utilize CAREWare as the data collection and reporting system, submit all financial, programmatic and progress reports as contractually required, and be available for a minimum of three site visits per year as conducted by the assigned HCSS Contract Manager and Nurse Consultant.
- Successful applicants shall be required to attend four (4) out the six (6) bi-monthly HIV Medication Adherence Program meetings.
- Medication Adherence Program staff shall have knowledge of HIV/AIDS, maintain their licensure, and work within their scope of practice.
- All applicants shall comply with the State and Federal Confidentiality Laws and be in compliance with the Health Insurance Portability and Accountability Act (HIPAA).
- Applicants with outstanding unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.
- Each proposal shall be submitted on the attached DPH Application Forms and include all required DPH and OPM documents and forms (e.g. Cover Pages, Work Plan, Budget Summary, etc). All requirements of this RFP must be met, including page limits as indicated for Executive Summary and Narrative.

Applicants must submit one (1) master application, five (5) unbound copies, and an electronic version of the proposal.

- The Cover Pages must contain the official name, address, email 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. The Cover Page must be signed by an authorized official of the applicant organization. Information about contractor staff responsible for certain contractual functions must also be included in the Cover Pages. Please provide the name, title, address, telephone, email address and FAX number of staff responsible for the completion and submittal of:
 1. Contract and legal documents/forms
 2. Program progress reports
 3. Financial expenditure reports.
- Proposer must indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.
- Proposals submitted in response to this RFP will be reviewed in two steps; first, to determine whether the elements on the Proposer Minimum Requirements Checklist have been met (**See Section V. Attachments**), and, second to determine the technical merit of the proposal and the extent to which it meets the goals and intent of the RFP.

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 (See Section II. Mandatory Provisions).

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 people 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 41-60a 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 people 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 fairly and equally 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 in terms, conditions, or privileges of employment, because of the person's sexual orientation, civil union or same-sex marriage 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 41-60 and Regulations of Connecticut State agencies, Sections 46a-68J-2 to 46a-68K-8.

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.

■ C. MAIN PROPOSAL COMPONENTS

1. Organizational Requirements

Entity Type:

Applications must be Connecticut-based public and/or provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), community based agencies, CT State agencies, and/or municipalities. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

Services:

The proposer must provide a brief overview of the history and structure of the organization and demonstrate efficient and effective provision of HIV Medication Adherence Services

2. Service Requirements

Client eligibility for services shall be limited to CT residents living with HIV/AIDS who are contemplating taking or are currently taking HIV medications and need assistance with treatment adherence, coping with side effects from the medications, and/or need education on their treatment regimen. *There are no financial eligibility requirements for the provision of adherence counseling and education when provided as a payer of last resort (e.g. some insurances cover medication adherence services).* Contractors shall be required to adhere to Ryan White Part B client eligibility requirements of 300% FPL and the utilization of Ryan White funds as a payer of last resort for the provision of support services (adherence devices, nutritional supplements).

Location of organization, hours of operation, and service delivery:

Proposer must define the location(s) where services will be provided, hours of operation, and how services will be delivered (e.g. clinic, community based organization, home visit, etc).

Services to be provided and populations:

The proposer shall describe the Medication Adherence Service and how the proposed service will complement any existing services and/or fill the need for additional services in the area(s) to be served.

The proposer shall describe the experience the organization and subcontractor(s) has in delivering culturally competent HIV Medication Adherence Services for PLWHA. Further, the proposer shall include a discussion of successes and challenges in providing these services for HIV positive underserved, under/or uninsured people living with HIV/AIDS.

Further, the proposer must describe the following:

- The HIV burden in the proposer's catchment area, clearly defining target populations to be served (demographics), any existing real or perceived barriers to care, emerging trends and/or populations, service needs or gaps, and community resources to be used in addressing service delivery needs.
- The organization's method for addressing issues of cultural competency, language, sexual orientation and/or health literacy needs for the population(s) to be served.
- Community collaborations and linkages with other programs providing HIV prevention and core medical/support services, as well as community and other social services.
- The service delivery plan (Work Plan) for proposed services. This detailed Work Plan (See section IV. Proposal Outline, I. Forms) must define services to be provided, staff assigned, expected outcome measurements/successes, and timetable of deliverables.

3. Staffing Requirements

Staffing model:

The proposer shall describe the staff currently employed or that will be hired to deliver the proposed services, including the extent to which staff has the appropriate training and experience to perform assigned duties. Proposer shall use the Staffing Profile form to indicate which staff will provide the service(s), staff titles, hourly rate and number of hours staff will be assigned to work per week. **This staff assignment shall also be included in the Work Plan.** It is the Department of Public Health's expectation that all HIV Medication Adherence Nurses will have a minimum caseload of 10 to 40 HIV-positive clients depending on program hours (e.g. part time, full time) and location of services (e.g. clinic, community based organization, home visits, etc.).

Training, Credentials, and Licensure:

A licensed PA, APRN, RN, or LPN must provide medication adherence services.

All new MAP Nurses shall complete the DPH HIV Medication Adherence Program Orientation training.

The proposer shall include applicable job descriptions (current and new) for all staff included in the proposal, as well as staff resumes and copies of any staff certifications and licenses.

Further, the proposer shall describe a mechanism for tracking staff attendance at internal, external, educational training or staff development.

Recruitment and Retention:

Proposer shall address recruitment, hiring, and retention plan for staffing.

4. Data and Technology Requirements**Computer Hardware/Software:**

Contractors shall be required to install and utilize CAREWare as the data collection and reporting system for documentation of all eligible Ryan White clients. Proposers shall have hardware capable of supporting CAREWare and provide staff support for installation, maintenance and updating of the data system.

Proposers shall have access to and be able to access email and the internet for the purposes of record reporting and data collection, as well as for any required or recommended CAREWare, HRSA or DPH webinars and teleconferences.

Record/Data Collection/Reporting:

Contractors shall maintain updated client records including, but not limited to Consent, Release of Information, "CAREWare User Share Forms", Grievance Policy Forms, Intake and Medical Assessments, Care Plans, HIV status documentation, Viral Load (VL), CD4 counts, Primary Care Physician information, list of Medications including Antiretroviral Medications (ARVs), Medication Orders if filling pillboxes, Progress Notes, Case Conferencing, CAREWare Client Report and Encounter Reports, and other documents as required by DPH.

Contractors shall be required to collect and report client level data and certain Performance Measures, as determined by DPH, which are included in CAREWare on a regular, ongoing basis and submit required documentation to HRSA and DPH. This database information shall include, but is not limited to: VL, CD4 counts, PCP Prophylaxis treatment, last Primary Care Visit, list of ARV medications, ARV medications if pregnant, Hepatitis B vaccination, Hepatitis C screening, Syphilis screening, and TB screening.

Contractors shall ensure that the data to complete the Ryan White Service Report (RSR) and the Ryan White data Report (RDR) is contained in the CAREWare database preparatory to submission of this report by DPH to HRSA according to timelines established by DPH and HRSA.

Assessment of Client Satisfaction:

Proposer shall describe any client satisfaction surveys or tools used to monitor and evaluate services and service delivery and define any findings and changes made as a result of the survey(s).

Performance Measures/Outcomes:

Proposer shall clearly define in the Work plan the expected outcomes and measures of success of the service(s) to be provided.

Quality Management and Quality Assurance Plan and Protocols:

Proposer shall describe the quality management program and/or protocols to be used in measuring and monitoring service delivery, program successes, and effectiveness of the proposed services on the health outcomes of PLWHA.

D. COST PROPOSAL COMPONENT

1. Financial Requirements:

Note: Ryan White Part B funds shall be used as payer of last resort and shall not be used to provide services for which payment has already been made or can reasonably be expected to be made by third party payers, including Medicaid, Medicare, and/or State or other local entitlement programs, prepaid health plans or private insurance. Ryan White Part B and State funds shall **only be used** for providing HIV Medication Adherence Services.

The proposer shall describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. The proposer shall also describe how the organization will utilize small and minority businesses, whenever feasible, in the purchase of supplies and services. If said businesses are not used, the proposer shall describe how proposed costs and services will be cost efficient.

2. Budget Requirements:

The proposal shall contain an itemized budget with justification for each line item on the budget forms. Competitiveness of the proposer's budget shall be considered as part of the proposal review process. The State of Connecticut is exempt from 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 budget 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 contract award negotiations.

Administrative costs shall not exceed 10% of the direct service costs of the funding for which the proposer applies. Administrative costs include direct (overhead) costs. Audit costs shall be included under administrative costs. **Purchase of equipment, computers, advertising, educational materials and training are not allowable expenses.**

Total Available Funding:

The amount of State and Federal funding allocated in this RFP is \$850,000 for three years for a total of \$2,550,000 and is an estimate based on prior funding levels and awards. This amount may change based on the actual award received from the Federal Government (HRSA) and funding from the State of Connecticut.

Period of Award:

Proposers shall prepare their application based on a three (3) year budget period (July 1, 2011 through June 30, 2014).

Budget Summary and Budget Justification:

Detailed budget summary and budget justification forms shall be submitted. Subcontractor costs, if applicable, shall be included in the budget summary and budget justification forms. Subcontractor Schedule Detail shall be submitted.

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated. While the proposal outline is standard, the information requested from proposers will vary by RFP, depending of the Department's procurement requirements.*

	Page
A. Cover Sheet	1-2
<i>(See Section IV. I. Forms. Department)</i>	
B. Table of Contents	3
C. Declaration of Confidential Information	4
<i>(See Section I. C. 12 Declaration of Confidential Information)</i>	
D. Conflict of Interest - Disclosure Statement	4
<i>(See Section I. C. 13 Disclosure Statement)</i>	
E. Executive Summary	5
<i>(See Section I. D. 4 Executive Summary)</i>	
F. Main Proposal	
<i>(Begin pagination with either page 6 or 7 depending on length of Executive Summary and continue page numbering accordingly with Organizational Profile)</i>	

1. Organizational Profile (10 Points)

The purpose of this subsection is to gather information about the administrative and operational capabilities of the proposer to deliver the proposed Medication Adherence Services.

- a. History of Organization and Qualifications
- b. Entity Type (profit/non-profit, etc.)/Years of Operation
- c. Organization's experience in providing HIV Medication Adherence Services
- d. Accreditation/Certification/Licensure (if applicable)

2. Scope of Services (20 points)

The purpose of this subsection is to gather information about how the proposer intends to provide Medication Adherence Services (including the use of any subcontractors).

- a. **Location(s) in which services to be provided/Hours of Operation**
- b. **Proposed service component or services to be provided**
 (Proposer shall describe Medication Adherence Services to be provided and address how proposed services will complement existing services and/or fill the need for additional services in the area(s) to be served.) In addition, proposer shall describe how the organization addresses issues of cultural competency, language, sexual orientation and/or health literacy for the population(s) to be served, and also describe the organization's experience in delivering culturally competent HIV health care and support services to people and communities disproportionately infected and affected by HIV: Men Who

Have Sex with Men, Injection Drug Users, women, high risk adults and youth and ethnic and minority populations).

- c. **Documentation of Community Needs and Gaps/Resources**
(Proposer shall define the HIV epidemic in their respective service area(s), clearly describing populations served or to be served, any service needs or gaps or barriers to care, and community resources available and accessible to be used in addressing HIV service delivery need).
- d. **Community Collaborations**
Proposer shall identify community collaborations, linkages or memorandum of agreement with other community-based organizations and agencies, and years of said collaborations. If new collaborations will be developed, proposer shall define collaborator(s) and nature of collaboration.
- e. **Service Capacity/Service Delivery Plan (Deliverables)**
Proposer shall briefly define capacity to deliver Medication Adherence Services proposed and submit a detailed work plan to deliver said services. **Work Plan must be included in Section IV. I. Forms, 1 Department).**
- f. **Client Evaluation/Protocols**
(Proposer shall describe how a client is evaluated/ assessed by the organization for eligibility and services. Proposer shall indicate agreement to adhere to the State of Connecticut HIV Medication Adherence Program Protocol and Ryan White Program client eligibility requirements. Proposer shall also identify any specific organizational protocols, such as client waitlists, acuity scales, caseloads, grievance policy, etc.).

3. Staffing Plan (10 points)

The purpose of this subsection is to gather information about the quality and quantity of personnel that the proposer intends to employ to deliver proposed Medication Adherence Services. **Please use the Staffing Profile Form in Section IV. I. Forms, 1. Department** to document a profile of staff providing the proposed Medication Adherence Services.

- a. **Key Personnel/ Managers/Staff assigned**
(Proposer shall briefly define number of staff, supervisors/program managers to be assigned to the supervision and delivery of services. It is the Department of Public Health's expectation that Medication Adherence Nurses shall carry a minimum caseload of 10-40 HIV positive clients depending on program hours (part time, full time). **Proposer must complete and attach the Staffing Profile in Section IV. I. Forms, 1. Department.** The Profile shall indicate the staff that will provide supervision, administration and provision of services, as well as applicable position titles, hourly pay rates, and hours assigned to services/ service delivery).
- b. **Staffing Levels and Demographics of Organization Work Force**
(Proposer shall complete and attach an organizational **Work Force Analysis** in **Section IV. I. Forms.**
- c. **Staff Qualifications/Experience**
(Proposer shall briefly describe staff qualifications and experience to deliver proposed services. Please indicate any staff certifications or licensures held. **All current Job Descriptions and Resumes must be included in Section IV. H. Appendices.** If new staff will be hired to deliver services, please include new job descriptions in Section IV. H. Appendices as well).

- d. **Organizational Chart**
(Proposer shall include an organizational chart in **Section IV. H. Appendices**.)
- e. **Recruitment, Hiring & Retention Plan**
(Proposer shall briefly describe how new staff is recruited, hired, and trained, also the process/method to retain current staff).
- f. **Staff Training and Educational Development**
DPH requires that all newly hired HIV Medication Adherence Nurses attend a DPH orientation to the HIV Medication Adherence Program and that all Medication Adherence Nurses attend four (4) out of six (6) bi-monthly HIV Medication Adherence meetings per year. Proposer shall describe any plans, if applicable, for staff educational training.

4. Data and Technology (10 points)

The purpose of this subsection is to gather information about the proposer's information management and performance measurement systems. **All successful proposers shall be required to install and use CAREWare as the data collection system.**

- a. **E-Mail/Internet Capabilities**
(Proposer shall define current capabilities as well as any system restrictions. Proposer shall have access to and be able to access email and the internet for the purposes of record reporting and data collection, as well as for any required or recommended CAREWare, HRSA or DPH webinars and teleconferences).
- b. **IT Infrastructure/Hardware and Software Quality**
(Proposer shall describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included).
- c. **Data Collection/Storage/Reporting**
(All successful proposers shall be required to install and use CAREWare as the data collection and reporting system. Contractors shall be required to collect client level data, track Performance Measures required by DPH and HRSA, as well as DPH required client personal, medical and financial information [e.g. Client eligibility status, name of medical provider, HIV diagnosis, CD4, medications, medical assessment information, etc.], user share form, and client consent forms. Required data shall be reported to DPH on a monthly/quarterly/six-month and/or annual basis as per contractual requirements).
- d. **Assessment of Client Satisfaction**
(Proposer shall describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services).
- e. **Quality Management and Quality Assurance**
(Proposer shall describe the organization's quality management/quality assurance program and protocols and define how evaluation and outcome measures will be used in monitoring efficiency and effectiveness of services being proposed).

5. Subcontractors (0 Points; Points included in Budget/Budget Narrative)

If **Section IV. F .5 Subcontractors** includes the use of any subcontractors by the proposer for the provision or delivery of a service and/or services, the purpose of this subsection is to gather information about the administrative and operational capabilities of each such subcontractor.

- **If a subcontractor will be used, please complete and attach Subcontractor Schedule in Section IV. I. Forms.**
- **If a subcontractor will not be used, please indicate as Not Applicable and do not include a Subcontractor schedule in Section IV. I. Forms.**

6. Work Plan (20 Points)

The purpose of this section is for the proposer to explain the tasks, participants, time estimates, and schedule for providing the proposed Medication Adherence Services. Please complete and attach the Work Plan in **Section IV. I. Forms** to outline provision of services. No additional narrative is required in this section.

- a. Work Plan (See Section IV. I. Forms, 1. Department).

G. Cost Proposal**1. Financial Profile (10 Points)**

The purpose of this subsection is to gather information about the proposer's fiscal stability, accounting and financial reporting systems, or relevant business practices.

- a. **Annual Budget and Revenues and Sources of Other Funding**
(Proposer shall define annual operating budget, revenues and sources of other funding, other than Ryan White Part B [e.g. Ryan White Part A, C or D, as well as other federal, state and foundational funds]. Proposer shall also describe how the organization will utilize small and minority businesses, whenever feasible, *in the purchase of supplies and services*).
- b. **Financial Standing/ Stability as indicated in last Fiscal Audit**
(Proposer shall describe how the proposal is fiscally competitive, including how staffing costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. Proposer shall also define fiscal stability as indicated in the organization's most recent fiscal audit).

2. Budgets and Budget Narrative (10 Points)

The purpose of this subsection is to gather information about how the proposer developed the proposed Medication Adherence Services budget and cost allocations. Please complete and attach the budget summary and budget justification forms in **Section IV. I. Forms**. A budget summary and budget narrative justification must be attached for the Medication Adherence Service proposed. Add pages to the required forms as needed.

- a. Budget Summary (Section IV. I. Forms).
- b. Budget Justification (Section IV.I Forms).

H. Appendices (10 Points)

The purpose of this subsection is to gather any other additional information that the Department needs to evaluate the proposer.

- a. Job Descriptions (attach current and any proposed new job descriptions).
- b. Resumes of Applicable Staff.
- c. Organizational Chart.

I. Forms.

1. Department

The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal or proposals:

- **Applicant Cover sheets (2 Pages)**

Submit a Cover Sheet Set for proposed HIV Medication Adherence Services

- **Budget Summary and Budget Justification Documents
(Include in Section IV. G.2 Budget and Budget Narrative)**

Submit a Budget Summary and Budget Justification Document for HIV Medication Adherence Services proposed

- **Subcontractor Schedule
(Include in Section IV. F.5 Subcontractor)**

Submit a separate Subcontractor Schedule, if applicable, for HIV Medication Adherence Services proposed. If Subcontractor will not be used, please indicate as Not Applicable

- **Staffing Profile Document**

Submit a Staffing Profile document for HIV Medication Adherences proposed

- **Work Plan Form**

Submit a Work Plan for HIV Medication Adherence Services proposed

2. Other

The purpose of this subsection is to provide blank copies of any other forms that must be completed and submitted with a proposal.

Please submit one copy of each of the following forms for HIV Medication Adherence Services proposed:

- a. Notification To Bidders, Parts I – V (CHRO).
- b. Acknowledgment of Contract Compliance.
- c. Workforce Analysis.
- d. Consulting Agreement Affidavit (OPM Ethics Form 5).¹

¹ Attached when the contract resulting from this RFP has an anticipated value of \$50,000 or more in a calendar or fiscal year. The proposer must submit this certification to the Department with the proposal.

I. Forms - Department**Cover Sheet Set (2 pages):****REQUEST FOR PROPOSAL****Page 1/2****RFP # 2011-0914****HIV Medication Adherence Services****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: _____

Service Component Proposed: _____**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.

COVER SHEET SET

Page 2/2

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 NOAgency Fiscal Year: Type of Agency: Public Private Other,
Explain: Profit Non-ProfitFederal Employer I.D. Number: Town Code No: Medicaid Provider Status: YES NOMedicaid Number: Minority Business Enterprise (MBE) : YES NOWomen Business Enterprise (MBE) : YES NO

Budget Summary Instructions

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

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

Example:

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

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

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

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

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

V. *Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The costs 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>.

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

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

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

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

Budget Justification Schedule Instructions

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

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

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

Example:

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

C. Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

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

A. Budget Basis B. Fee for Service C. Hourly Rate.

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

Example A. Budget Basis

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

Example B. Fee for Service:

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

Example C. Hourly Rate:

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

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

BUDGET SUMMARY

Category	Amount
Personnel:	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Office Supplies	
8) Medical Materials	
9) Contractual (Subcontracts)*** must be included in budget summary	
10) Telephone	
11) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
12) Administrative and General Costs *	
Total DPH Grant	
Other Program Income:	

*** See Subcontractor Schedule

* **Administrative Costs shall not exceed 10% of the direct service costs. Purchase of equipment, computers, advertising, educational materials, and training are not allowable expenses.**

SUBCONTRACTOR SCHEDULE DETAIL

#1

Program:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

#2

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

#3

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

STAFFING PROFILE: Profile of Staff Providing Services.

Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Position 5				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach Resumes for all Professional Staff**

F. Work plan (make as many blank pages as needed):

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

2. OTHER**a. Notification to Bidders****NOTIFICATION TO BIDDERS**

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

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

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

- a) the bidder’s success in implementing an affirmative action plan;
- b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder’s promise to develop and implement a successful affirmative action plan;
- d) the bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

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

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

Signature

Date

On behalf of:

b. Acknowledgment of Contract Compliance**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
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

c. WORKFORCE ANALYSIS**WORKFORCE ANALYSIS**

Contractor Name:
Address:

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

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

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

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

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

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 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

d. CONSULTING AGREEMENT AFFIDAVIT (OPM Ethics Form 5)

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

 Consultant's Name and Title

 Name of Firm (if applicable)

 Start Date

 End Date

 Cost

Description of Services Provided: _____

Is the consultant a former State employee or former public official? YES NO

If YES: _____
 Name of Former State Agency

 Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

 Printed Name of Bidder or Vendor

Signature of Chief Official or Individual

Date

 Printed Name (of above)

 Dept. of Public Health
 Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

Commissioner of the Superior Court or Notary Public

V. ATTACHMENTS

This section is for informational purposes only.

- **State of Connecticut Nondiscrimination Certification**

(Note: The successful proposer must complete and submit the applicable and appropriate nondiscrimination certification form to the Connecticut Department of Public Health prior to contract execution).

- **Gift and Campaign Contributions**

(Note: The successful proposer must complete and submit OPM Ethics Form 1 to the Department of Public Health prior to contract execution)

SECTION V. ATTACHMENTS: Non-Discrimination Certification



**STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Representation
By Entity
For Contracts Valued at Less Than \$50,000**

Form B
7/8/09

Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at less than \$50,000 for each year of the contract**. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN ENTITY:

I, _____ of _____,
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of _____,
Name of State or Commonwealth

represent that I am authorized to execute and deliver this representation on behalf of

_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signature

Date

Printed Name



STATE OF CONNECTICUT

Form C

NONDISCRIMINATION CERTIFICATION – Affidavit By Entity

7/8/09

For Contracts Valued at \$50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at \$50,000 or more for any year of the contract**. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am _____ of _____, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of _____
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of
_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signature

Printed Name

Sworn and subscribed to before me on this _____ day of _____, 20____.

Commissioner of the Superior Court/ Notary Public

Commission Expiration Date



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: Initial Certification Annual Update (Multi-year contracts only.)

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:



STATE OF CONNECTICUT
CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Table with 5 columns: Contribution Date, Name of Contributor, Recipient, Value, Description. Multiple empty rows for data entry.

Lawful Campaign Contributions to Candidates for the General Assembly:

Table with 5 columns: Contribution Date, Name of Contributor, Recipient, Value, Description. Multiple empty rows for data entry.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

«kor name»
Printed Contractor Name
Signature of Authorized Official

Subscribed and acknowledged before me on this ___ day of ___, 200__.

Commissioner of the Superior Court (or Notary Public)

Form with fields: For State Agency Use Only, Department of Public Health, Awarding State Agency, «DAR_Approve», Planning Start Date, «IF ANSWERED(k amend number)»«k amend number»«ELSE»«k number»«END IF», Contract Number or Description