

PROCUREMENT NOTICE

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

LEGAL NOTICE

Request for Proposal (RFP)
RFP #2012-0910- Expanded and Integrated HIV Testing Initiative

The State of Connecticut, Department of Public Health (DPH), AIDS and Chronic Diseases Section is seeking proposals from health care settings that serve populations with a high prevalence of HIV specifically Blacks/African Americans and Hispanics to conduct routine HIV screening in community health centers, hospital emergency departments and outpatient clinics.

A total of approximately \$2,000,000 over a period of two and a half years of federal Centers for Disease Control and Prevention (CDC) and State funds is available to support this project. The two and a half year's (2.5) funding break down will be \$800,000 for Year 1, \$800,000 for Year 2, and \$400,000 for six (6) months.

Eight applicants will be awarded a maximum of \$100,000 a year per contractor. Funding will be for a two and a half year period beginning approximately July 1, 2012 through December 31, 2014, subject to the availability of funds and satisfactory program performance.

The Request For Proposals 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:

Name: Dulce Dones-Mendez, Health Program Associate
Address: Department of Public Health, AIDS & Chronic Diseases Section
410 Capitol Avenue, MS #11APV, P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-8054
Fax: (860) 509-7853
E-Mail: dulce.dones-mendez@ct.gov

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

The RFP is also available on the Department's website at www.ct.gov/dph/rfp (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:
February 14, 2012
By 4:00 pm**

This document is configured for 2-sided printing.

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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 # 2012-0910-** Expanded and Integrated HIV Testing Initiative.
2. **Summary.** The State of Connecticut, Department of Public Health (DPH), AIDS and Chronic Diseases Section is seeking proposals from health care settings that serve populations with a high prevalence of HIV specifically Blacks/African Americans and Hispanics to conduct routine HIV screening in community health centers, hospital emergency departments and outpatient clinics.
3. **Synopsis.** Applicants must submit a **separate and complete original proposal, six copies and an electronic copy.**
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0098: Medical Services or Medical Testing Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

Modify this subsection, as necessary, to meet the Department's procurement requirements. **DO NOT DELETE** the definitions of contractor, proposer, prospective proposer, or subcontractor.

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States
IDU	Intravenous Drug Users
MSM	Men who have Sex with Men
DPH	Department of Public Health
ETI	Expanded and Integrated Testing Initiative
ACD	AIDS and Chronic Diseases
HCSS	Health Care and Support Services

CDC Center for Disease Control and Prevention
PS Partner Services

- *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.

Name: Dulce Dones-Mendez, Health Program Associate
Address: Department of Public Health, AIDS & Chronic Diseases Section
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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's RFP Web Page
www.ct.gov/dph/rfp
- State 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 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. The Department anticipates the following:

- Total Funding Available: \$800,000 per year for year one (1) and two (2), and \$400,000 for six (6) months- (\$2,000,000 total for two and a half years)
- Number of Awards: 8
- Contract Cost: Confidential, to be negotiated with successful applicants
- Contract Term: July 1, 2012- December 31, 2014

4. Eligibility. Community Health Centers, Hospital Emergency Departments and Outpatient Clinics 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:

- Ability to fully incorporate and operationalize opt-out HIV screening upon contract award
- All contractors must incorporate HIV Testing language in their general consent for care as outlined in Connecticut House Bill #3691
- Must be a community health center, department of emergency medicine or outpatient clinic that serve populations with a high prevalence of HIV specifically Blacks/African Americans and Hispanics
- Technology and infrastructure to support XPEMS (EvaluationWeb), a web-based CDC data collection system
 - Recommended minimum hardware and software for existing computers: Intel Core 2 Duo Processor, 2 GB RAM, 160 GB hard disk, Windows Vista SP2 or Mac OS X 10.5, MS Office 2000-2010
 - Adobe Flash version 10 or later and either:
 1. Internet explorer (version 7 or later)
 2. Or Mozilla Firefox (version 3.5 or later)
 - Funded organizations will need to print out the HIV Test Form and bar codes
- Ability to either hire or assign 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 Contracting Portal and, if available, the Department's RFP Web Page.

- **RFP Planning Start Date:** November 1, 2011
- **RFP Released:** December 23, 2011
- **Letter of Intent Due:** January 13, 2012 (recommended but not required)
- **Deadline for Questions:** January 13, 2012 by 4pm
- **Answers Released:** January 20, 2012
- **Proposals Due:** February 14, 2012 by 4:00 pm
- **(* Proposer Selection:** May 2012
- **(* Start of Contract Negotiations:** May 2012
- **(* Start of Contract:** July 1, 2012

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. 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. Questions submitted via e-mail must indicate in the e-mail subject line: RFP# (2012-0910). 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 Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the DPH may distribute any amendments to this RFP to prospective proposers who also submitted a Letter of Intent or attended the RFP Conference.
- 9. 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:** February 14, 2012
- **Time:** 4:00 p.m.

Faxed or e-mailed proposals will not be evaluated. Proposals hand-delivered by the proposer will also not be accepted. When hand-delivering proposals by courier (e.g. Federal Express), allow extra time due to building security procedures. 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 DPH, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- **One (1) original UNBOUND (marked as original)**
- **Six (6) conforming UNBOUND copies (marked as Copy)** of the original proposal and,
- **One (1) conforming electronic copy** of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal (s) and each conforming copy of the proposal (s) must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. 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.

- 10. Multiple Proposals.** The submission of multiple proposals is not an option with this procurement.
- 11. 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).

- 12. 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. 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 proposer must complete the Cover Sheet Set included in Section IV. I. Forms and attach to the proposal.

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 to exceed two (2) pages, of the main proposal and cost proposal.** This summary is not included in the narrative page limit (s). The Executive Summary must include a brief description of the proposed service delivery 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 must conform to the following specifications (See Executive Summary style requirements in #4 above):

- Binding Type: Unbound, but fastened with binder clips
- Dividers: None specified
- Paper Size: 8.5" x 11"
- Page Limit: Maximum 10 page narrative limit, not including Executive Summary and Required Forms
- 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 DPH as a clerical function, but it will not be evaluated. At the discretion of the DPH, 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 DPH 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 DPH will conform to 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 DPH 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 (25)**
- **Staffing Plan (10) *see note***
- **Data and Technology (10)**
- **Subcontractors (0): not applicable (included in Budget)**
- **Work Plan (20)**
- **Financial Profile (5)**
- **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(10).

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, unsuccessful proposers may contact the Official Contact 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

This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions. Section II is standard for all RFPs for POS and the content does not vary.

■ 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 persons.
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

In this section, the Department provides proposers with background information about the Department and program. More specific information is provided about the service components and services that the Department seeks to procure. This information is designed to promote a better understanding of the needs of the Department and its clients and, thus, assist proposers in preparing better proposals in response to this RFP.

■ 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 Disease Section (ACD) is the lead agency in the state for coordination of HIV care and prevention services addressing the HIV/AIDS epidemic. ACD organizes its programs into four units: (a) The Health Care and Support Services Unit (HCSS), which oversees Ryan White Part B care programs and services for PLWHA; (b) The HIV Prevention Unit, which oversees prevention services and targeted effective behavioral interventions for people infected or at risk of HIV infection, and, (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; (d) The Chronic Diseases Program which implements programs related to diabetes, heart disease, and stroke.

The HIV Prevention unit oversees Connecticut's Expanded and Integrated HIV Screening and Testing Initiative. Expanded and Integrated HIV Testing compliments routine medical care and is among the recommendations made by the Center for Disease Control and Prevention (CDC) in their September 2006 Morbidity and Mortality Weekly Report (MMWR). The CDC's recommendations are meant to increase HIV screening of patients, including pregnant women, in health-care settings; foster earlier detection of HIV infection; identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and further reduce perinatal transmission of HIV in the United States.

■ PROGRAM OVERVIEW

Program Title

RFP #2012-0910: Expanded and Integrated HIV Testing Initiative (ETI)

Rationale

In September 2006, the CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings reported that the national percentage of patients who test positive in hospitals and EDs (2%-7%) often has exceeded that observed nationally at publicly funded HIV counseling and testing sites (1.5%) and STD clinics (2%) serving persons at high risk for HIV. Because these patients were rarely seeking HIV testing when screening was offered at these hospitals, HIV infections were identified earlier than they might otherwise have been. Furthermore targeted testing on the basis of risk behaviors alone, failed to identify a substantial number of persons who were HIV infected. Incorporating universal HIV screening as a prevention strategy has nearly eliminated transfusion-associated HIV infection in the United States. In addition, incidence of pediatric HIV/AIDS in the United States declined substantially with routine universal HIV screening of all pregnant women.

Often persons with HIV infection visit health care settings (e.g., hospitals and acute care clinics) years before receiving a diagnosis but are not tested for HIV. Many of these visits constitute missed opportunities for screening populations that might be "at risk" for HIV.

The CDC estimates that, nationally, in addition to People Living with HIV/AIDS (PLWHA) that are aware of their status, there are an additional 21% of PLWHA who are not aware of their HIV-positive status. The 'unaware' population in Connecticut is estimated to be 2,811 people. A significant percentage of these cases (30-40%) continue to have AIDS at their initial diagnosis with HIV infection. These cases are referred to as "late testers" or cases with "concurrent diagnoses."

Although people living with HIV/AIDS live throughout Connecticut, the highest prevalence continues to occur in the largest cities. Of the 10,574 people living with HIV/AIDS in Connecticut, half reside in Hartford, New Haven, and Bridgeport.

Scope of Services

The Expanded and Integrated HIV Testing Initiative (ETI) proposes to fully integrate HIV Screening (opt-out testing) into health care settings without the requirement of a separate informed consent and pre-test counseling.

The purpose of this RFP is to promote expanded and integrated HIV screening in health care settings that serve populations with a high prevalence of HIV, specifically Blacks/African Americans and Hispanics to conduct routine HIV screening in community health centers, hospital emergency departments and outpatient clinics.

All applicants must demonstrate that clinical staff not funded under this grant will incorporate HIV screening into service delivery, eliminating the need for a dedicated staff person, such as an HIV Counselor.

All Applicants must demonstrate the feasibility within their health care setting to sustain the integration of HIV screening beyond departmental funding.

Funding from this RFP will support the hiring of a full time ETI Service Coordinator at each funded site to oversee the implementation and data collection associated with the ETI project.

The ETI Service Coordinator will be responsible for:

- The development of a mechanism to track and trend all activities described in the work plan for reporting to the DPH
- Internal collaboration with clinicians to identify technical assistance needs regarding successful implementation of opt-out HIV screening.
- Monitoring ETI data collection for completion and accuracy.
- Ensuring data is entered into XPEMS (EvaluationWeb). **(Data collection details found in Section IV-F (4C), page 24 of this document)**
- Ensuring that referrals are made to the DIS for follow up of confirmed HIV positive cases who do not return for results
- Ensuring that automatic referrals are made to the DIS for the purpose of offering assistance with partner services and referring for STD, HCV, and TB screening for all confirmed HIV positive cases
- Ensuring that newly diagnosed HIV cases are referred to medical care and other support services

NOTE: The ETI Service Coordinators will NOT conduct HIV testing.

Department of Public Health Role

The DPH will provide the following:

- Rapid HIV Test Kits or Orasure
- DPH laboratory services for all confirmatory testing samples (Orasure or venipuncture samples)
- Technical assistance, training, and contractual oversight and feedback to all funded health care providers during the implementation of integrated HIV screening in the individual health care settings
- Assistance and training to each site in the development of protocols for referral mechanisms, reimbursement issues and providing positive test results to patients
- Assistance in determining each site's capacity to complete all of the linkage services and provide technical assistance if needed
- Assistance in facilitating discussion regarding future sustainability of HIV opt-out screening in individual health care settings

Additionally, DPH Disease Intervention Specialists will be responsible for:

- Follow-up on all referred HIV positive patients to ensure linkage to care and screening for STD's, T.B., and Partner Services (PS).

Program Goals

The goals of the Expanded and Integrated HIV Testing Initiative are the following:

- To increase the number of health care providers that routinely screen their patients for HIV regardless of risk factors associated with HIV;
- To increase HIV screening of patients in health-care settings;
- To foster earlier detection of HIV infection;
- To identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services.

In **Section IV-F, (2B) of the application (pg. 23 of this document)**, please describe the following:

- The target population that will be served

- How HIV screening will be promoted to clients/patients
- The screening opportunities and/or exclusion criteria, i.e., yearly physicals, all new patients, that will help reach proposed numbers
- Who will conduct the screening (i.e. Physician's Assistant, Registered Nurse, etc.)
- HIV testing methodology that will be used (i.e., rapid test, venipuncture, Orasure)
- Methods for delivery of HIV positive test results and process for tracking of patients that do not return for test results
- The process for ensuring that all confirmed HIV Positive patients are screened for STD's, Hepatitis C and B, and TB including chest x-rays
- The process for ensuring that all confirmed HIV Positive patients are referred for partner services
- The process for linking confirmed positives to medical and other support services including but not limited to referrals to the DPH Disease Intervention Specialists, if needed
- How the integration of routine HIV screening in health care settings will be sustained after the project has ended
- How they will test at least 3,000 people in year one of the funding cycle, at least 3,400 people in year two of the funding cycle and at least 1,500 people in the last six months of the funding cycle
- The mechanism to track:
 - Number of patients that decline routine testing and the reason
 - HIV positive referrals and linkages to medical care including STD, HCV, and TB screening

NOTE: Please include a diagram of clinic flow to demonstrate where HIV screening will be integrated into existing services.

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 persons on the grounds of race, color, religious creed, age, marital status (including civil unions, per Public Act 07-245, section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut.

Also, in accordance with Section 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 persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and, that employees are treated 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.

IV. PROPOSAL OUTLINE

This section presents the required outline that the proposer must follow when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline below. Detailed information on what to include in the sections can be found in the Proposal Outline Detail on the next page.

A. Cover Sheet

B. Table of Contents

C. Declaration of Confidential Information

D. Conflict of Interest – Disclosure Statement

E. Executive Summary (One or Two pages)

F. Main Proposal

1. Organizational Profile

Information about administrative and operational capabilities of the proposer

2. Scope of Services

Information about provision of proposed services including use of subcontractors

3. Staffing Plan

Information about the quality and quantity of personnel to deliver proposed services

4. Data and Technology

Information about the proposer's information and performance management systems

5. Subcontractors

Information about any subcontractor administrative and operational capabilities

6. Work Plan

Detailed information about services to be provided (activities, staff, timetables and outcomes)

G. Cost Proposal

1. Financial Requirements

Information about the proposer's fiscal stability, accounting and financial systems

2. Budget Requirements

Information about the development of the interventions budget and cost allocations

H. Appendices

Additional information the Department needs to evaluate the proposer including job descriptions, resumes of applicable staff, and an organizational chart

I. Forms

1. Department

Blank copies of any Department forms that must be completed and submitted

2. Other

Blank copies of any other forms that must be completed and submitted with a proposal(s)

Proposal Outline Detail

A. Cover Sheet (1 Page)

The Cover Sheet 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 Sheet 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 Sheet. Please provide the name, title, address, telephone, email address, and FAX number of staff responsible for the completion and submittal of:

- a. Contract and legal documents/forms
- b. Program progress reports
- c. 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.

B. Table of Contents

Proposer must include a Table of Contents that exactly conforms to the Proposal Outline on the previous page.

C. Declaration of Confidential Information (See Section I. C. 12)

If a Declaration of Confidential Information **is applicable**, proposer must reference where within the proposal, information labeled as confidential is located and also provide a rationale to justify an exemption of the information from release under FOIA. **If no such restriction is applicable, proposer must make a statement in Section IV. C of this proposal outline indicating "No Confidential Information Contained."**)

D. Conflict of Interest — Disclosure Statement (See Section I. C. 13)

A disclosure statement must be included in this section if applicable. **In the absence of any conflict of interest, a proposer must affirm such in Section IV. 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.)**

E. Executive Summary (One or two pages)

Proposer must include a One to Two page Executive Summary for the proposal. This summary is not included in the narrative page limit(s). The Executive Summary must include a brief description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost.

Executive Summary Style Requirements: (See Section I, D.4)

- 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

F. Main Proposal

1. Organizational Profile Requirements

a. Purpose, Mission, Vision, and History of Organization

The proposer must provide a brief overview of the history and structure of the organization. The proposer must explain how the proposed services will fit into the organization's overall mission. Applicants with long-standing, significant outstanding unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.

b. Entity Type (profit/non-profit, etc.) / Years of Operation

The proposer must indicate entity type and years of operation. Applications will be accepted from community health centers, emergency departments and outpatient clinics. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

c. Location of Office(s) or Facilities / Hours of Operation

The proposer must define all locations where services will be provided, and hours of operation including nontraditional locations and hours.

d. Current Scope of Services / Current number and demographics of clients served

The Proposer must describe how services are currently being delivered and the number and demographics of clients being served including race/ethnicity, age, sex, and any at risk populations served by the health care setting.

Proposers must describe how HIV screening is being reimbursed within the organization, if at all, and any barriers in attaining reimbursement for HIV screening.

e. Organization's experience in providing HIV Prevention Services

The proposer must provide a brief overview of the history and structure of the health care setting, and if applicable, demonstrate successful experience implementing new initiatives into their existing system. The proposer must also be able to describe organizational experience (to include the number of years) conducting routine opt-out testing (e.g., HIV and syphilis testing for pregnant women). Experience and success of such efforts should be supported with quantitative and qualitative data.

Additionally, the proposer must describe organizational experience implementing large policy and/or procedural changes in the health care setting, i.e., emergency department, or clinic (e.g., changes to standing orders, patient consent processes.)

Lastly, the proposer must describe the organizational experience (to include the number of years) providing services to proposed target populations. Experience and success of such efforts should be supported with quantitative and qualitative data.

f. Accreditation / Certification / Licensure (if applicable)

Please define any organizational accreditations, certifications or licensure.

2. Scope of Services Requirements

a. Catchment or Service Area in which services to be provided

The proposer must define the HIV epidemic in the proposer's catchment area, clearly defining target populations to be served (demographics), any existing real or perceived barriers to prevention services, emerging trends and/or populations, service needs or gaps, and community resources to be used in addressing needs.

b. Proposed services to be provided

The proposer must address how the proposed services will be delivered as detailed in the Scope of Services section. **(Page 18 of this document)**

Additionally, the proposer must describe the following:

- The organization's method for addressing issues of cultural competency, language, sexual orientation, and/or health literacy needs for the population to be served.
- The organization's experience in delivering culturally sensitive HIV Prevention Services to populations with a high prevalence of HIV.

c. Documentation of Community Needs and Gaps / Resources

The proposer must clearly describe populations to be served, any service needs or system level gaps or barriers to prevention or care, and community resources available and accessible to be used in addressing HIV service delivery need. The proposer must also address how proposed services will complement existing services and/or fill the need for additional services in the area to be served.

d. Community Collaborations

The proposer must identify community collaborations, linkages or memorandums of agreement with other community-based organizations and agencies, and years of said collaborations. If new collaborations will be developed describe said collaboration(s) and the purpose of the collaboration.

e. Service Capacity / Service Delivery Plan (Deliverables)

The proposer must briefly define capacity to deliver the services proposed. The proposer must also address how the proposed services will complement existing services and/or fill the need for additional services in the area(s) to be served. A detailed Work plan explaining services to be provided, staff assigned, expected outcome measurements/successes and a specific timetable of deliverables must be included.

f. Client Eligibility

The Proposer must describe how a client is screened for eligibility for services, if applicable.

3. Staffing Plan Requirements

a. Key Personnel / Managers/ Staff Assigned

The proposer must describe the staff currently employed or that will be hired as the ETI Service Coordinator. Proposer must use the Staffing Profile form to indicate the title, hourly rate and number of hours the ETI Coordinator will be assigned to work per week. This staff assignment must also be included in the Work plan. The Proposer must complete and attach the **Staffing Profile in Section IV. I. Forms, 1. Department.**

b. Staffing Levels and Demographics of Organization Work Force

The proposer must complete and attach an organizational **Work Force Analysis in Section IV.I Forms.**

c. Staff Qualifications/ Experience

The proposer must describe staff qualifications and experience to deliver the 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

The proposer must include an organizational chart in **Section IV. H. Appendices.**

e. Recruitment, Hiring & Retention Plan

The proposer must describe how new staff is recruited, hired, and trained and the process/method to retain current staff.

f. Staff Training and Educational Development

DPH requires that all prevention staff funded under this RFP attend DPH sponsored trainings and/or meetings. The proposer shall also describe a mechanism for tracking staff attendance at internal, external, educational training or staff development. Proposer should also address recruitment, hiring, retention and training plans for staffing.

4. Data and Technology Requirements:

a. E-Mail/Internet Capabilities

Proposer must define current capabilities as well as system restrictions. Proposers must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

b. IT Infrastructure / Hardware & Software Quality

Proposer must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included. Successful proposers may be required to install and utilize a designated data collection and reporting system for documentation of all prevention clients. Applicants must have hardware capable of supporting such a system and provide staff support for installation, maintenance and updating of the data system.

c. Data Collection / Storage / Reporting

Funded entities will be required to collect and regularly report data on all persons tested for HIV. All required data elements (i.e., CDC's required data variables) will be submitted to DPH via XPEMS (EvaluationWeb), the secure, online HIV Test Form data system required by the CDC. There are specific data reporting requirements for both HIV positive and HIV negative tests. The required information for both HIV positive and HIV negative tests can be collected using the HIV Test Forms 1, 2, and 3. **(See Appendix I for HIV Test Forms)**

Successful proposers must describe the process for collecting the data that is needed for the HIV Test Form. Successful proposers will be required to submit all financial, program narratives, and progress reports as contractually required, and be available for a minimum of two site visits per year to be conducted by the Expanded and Integrated Testing Initiative Program Coordinator.

d. Assessment of Client Satisfaction

Proposer must describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services. Proposer must 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).

e. Quality Management and Process Monitoring

Proposer must describe the process for monitoring services, collecting client level data, and using quantitative and qualitative information to improve services. Proposer must clearly define in the Work plan the expected outcomes and measures of success of the service(s) to be provided. The following are performance measures required by the DPH:

The percentage (%) of the total patient population in healthcare setting/department/or clinic that will receive routine HIV testing (this based on the number of tests required/proposed in the work plan (i.e. # of tests performed in each year or funded period)

The number (#) of HIV tests, with an expectation of identifying the number (#) of HIV positive clients or sero-positivity rate.

f. Data Security

The proposer must describe what type of data security will be used to protect client data.

5. Subcontractors Schedule:

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:

Proposer must provide a detailed work plan on how they will integrate and implement routine HIV screening in their respective health care setting. Work plans must include detailed information about the specific activities to be conducted including what will be done, where and by whom. In addition, specific timeframes for each activity should be included. This information should be translatable into measurable goals and objectives to ensure that deliverables are met.

Please complete and attach the Work Plan in **Section IV. I. Forms** to outline provision of services.

G. Cost Proposal Requirements:

1. Financial Requirements

a. Annual Operating Budget

The Proposer must define the agencies annual operating budget, revenues and sources of other funding, other than HIV Prevention [e.g. Ryan White Funds, as well as other federal, state and foundational funds]. Proposer must 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 must describe how proposed costs and services will be cost efficient.

b. Fiscal Competitiveness

The proposer must 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 must also define fiscal stability as indicated in the organization’s most recent fiscal audit.

2. Budget Requirements

Please complete and attach the budget summary and budget justification forms in **Section IV. I. Forms** Add pages to the required forms as needed.

a. Budget Summary (Section IV. I. Forms)

A detailed budget summary form must be submitted for the proposed intervention. Administrative costs shall not exceed 15% of the direct service costs of the funding for which the proposer applies. Administrative costs include direct (overhead) costs. Subcontractor costs, if applicable must be included in the budget summary. Competitiveness of the proposer’s budget will be considered as part of the proposal review process.

Total budget amount must be the same over the contract period. 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.

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.

b. Budget Justification (Section IV.I Forms)

A detailed budget justification form must be submitted for the proposed intervention. Proposer must include an explanation for each line item on the budget summary. Subcontractor costs, if applicable must be included in the budget justification forms for the proposed intervention. Subcontractor Schedule detail must be submitted with the proposed intervention.

Total Available Funding

The total amount of HIV Prevention funding allocated in this RFP (\$2,000,000) is an estimate based on prior funding levels and awards. This amount may change based on the actual award received from the Federal Government and/or the State of Connecticut.

Period of Award

Proposers should prepare their application based on a two and a half (2 1/2) year budget period (July 1, 2012- December 31, 2014).

H. Appendices

1. Job Descriptions

All current and proposed job descriptions to be funded under this RFP must be included.

2. Staff Resumes

All resumes of current staff proposed to be funded under this RFP must be included.

3. Organizational Chart

I. Form Requirements

Each proposal must be submitted on the attached DPH Application Forms and include all required DPH and OPM documents and forms including:

a. All Department Documents and Forms

- **Executive Summary**
- **Cover Sheet**
- **Budget Summary**
- **Budget Justification**
- **Subcontractor Schedule (if applicable)**
- **Work Plan**
- **Staffing Profile**
- **Job Descriptions (existing and new)**
- **Resumes of Key Personnel and Staff**

All requirements of this RFP must be met, including page limits as indicated. Proposers must submit a separate narrative, work plan, budget, and staffing profile, for the intervention being proposed, and submit these within one master application, six (6) unbound copies, and an electronic version.

Proposals submitted in response to this RFP will be reviewed in two steps; first, to determine whether the Proposer Minimum Requirements Checklist has 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.

b. All Other Documents and Forms

Please submit one copy of each of the following forms with each proposal:

- **Notification To Bidders, Parts I – V (CHRO)**
- **Acknowledgement of Contract Compliance**
- **Workforce Analysis**
- **OPM Ethics Form 5: Consulting Agreement Affidavit**

Forms — Department

COVER SHEET SET (2 pages):

REQUEST FOR PROPOSAL RFP # 2012-0910 Expanded and Integrated HIV Testing Initiative DEPARTMENT OF PUBLIC HEALTH PUBLIC HEALTH INITIATIVES BRANCH	Page 1/2
---	-----------------

A. Applicant Information

Applicant Agency: _____
Legal Name

Address _____

City/Town _____ State _____ Zip Code _____

Telephone No. _____ FAX No. _____ E-Mail Address _____

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official: _____ Date _____

Typed Name and Title

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

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

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

COVER SHEET

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

(Submit a separate summary for each intervention)

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 15% of the direct service costs.**

BUDGET JUSTIFICATION SCHEDULE

Line Item (Description)	Amount	Justification including Breakdown of Costs

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				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach Resumes for all Professional Staff**

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

Services to be Provided (Routine HIV Screening)	Activities (Who, What, When, Where, etc.)	Staff Position(s) Responsible	Expected Outcomes (# of HIV Tests conducted, # of referrals to partner services, # of referrals to medical care and other services, etc.)	Timetable (Dates)

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:

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.

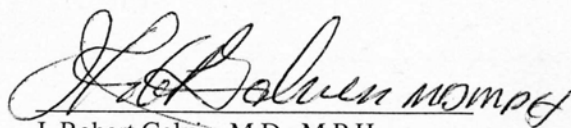
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area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

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.

(ii) 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:

(iii) 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

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.

_____	Signature of Chief Official or Individual	_____
Printed Name of Bidder or Vendor		Date
	_____	Dept. of Public Health
	Printed Name (of above)	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 and proposer checklist purposes only.

- **Proposer's Minimum Requirement Check list**

(Note: This check list will be used by DPH as step one of the RFP Review Process)

- **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)

- **HIV Test Forms 1, 2, and 3 (Appendix I)**

SECTION V. ATTACHMENTS

PROPOSER'S MINIMUM REQUIREMENTS CHECKLIST: RFP #2012-0910

Proposer must submit a separate and complete proposal with all required forms and attachments for each service component proposed

Applicant

1. Cover pages (See Section IV. I. Forms) completed and included in proposal (not included in page limit) _____
2. Executive Summary (1 page maximum per service component) included (not included in page limit) _____
3. Declaration of Confidential Information referenced or indicated as N/A (not included in page limit) _____
4. Conflict of Interest Disclosure Statement included (not included in page limit) _____
5. Main Proposal narrative meets respective page limits _____
6. Resumes provided for all professional staff assigned to this project. (not included in page limit) _____
7. Job descriptions provided for all key personnel assigned to this project including new positions being proposed (not included in page limit) _____
8. Staff Profile form completed and included in proposal (not included in page limit) _____
9. Budget Summary and Budget Justification Forms completed and included in proposal (not included in page limit) _____
10. Subcontractor Schedule (if applicable) completed and included in proposal (not included in page limit) _____
11. Completed Work Plan form included in proposal (not included in page limit) _____
12. Completed Notification to Bidders form included in proposal. (not included in page limit) _____
13. Completed Workforce Analysis Questionnaire included in proposal. (not included in page limit) _____
14. Signed Consulting Agreement Affidavit (OPM Ethics Form 5) included in proposal (not included in page limit) _____
15. An original unbound and 6 unbound copies of the completed proposal (s) must be received at DPH no later than **February 14, 2012 by 4:00 p.m.** _____
16. The proposal is signed by an authorized official of the Applicant Organization. _____

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
NONDISCRIMINATION CERTIFICATION – Representation
By Individual
For All Contract Types Regardless of Value**

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 individual who is not an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut, regardless of contract value. Submit to the awarding State agency prior to contract execution.

REPRESENTATION OF AN INDIVIDUAL:

I, _____, of _____,
Signatory Business Address

represent that I will comply with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

Signatory

Date

Printed Name



**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 4-252I; 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. §4-252I(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 4-252I(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:

Contribution Date Name of Contributor Recipient Value Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date Name of Contributor Recipient Value Description

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

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)

For State Agency Use Only	
Department of Public Health	_____
Awarding State Agency	Planning Start Date

Contract Number or Description	

Appendix I

EVALUATIONWEB 2012 HIV TEST FORM draft PART ONE

Form ID		EVALUATIONWEB 2012 HIV TEST FORM draft PART ONE											
Program Award select only one		Sample Date											
<input type="checkbox"/> PS12-1201 Category A <input type="checkbox"/> PS11-1113 <input type="checkbox"/> PS12-1201 Category B <input type="checkbox"/> PS10-1003 <input type="checkbox"/> PS12-1201 Category C <input type="checkbox"/> MSM Testing Initiative <input type="checkbox"/> Other: _____		M M D D Y Y Y Y M M D D Y Y Y Y M M D D Y Y Y Y											
Session Date		HIV Test 1				HIV Test 2				HIV Test 3			
M M D D Y Y Y Y		Worker				Worker				Worker			
Agency ID		Test Election				Test Election				Test Election			
Intervention ID		<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered				<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered				<input type="checkbox"/> Anonymously <input type="checkbox"/> Confidentially <input type="checkbox"/> Declined Testing <input type="checkbox"/> Test not offered			
Site ID Name or Number		Test Technology				Test Technology				Test Technology			
Site Type		<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> Other <input type="checkbox"/> NAAT/RNA Testing				<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> Other <input type="checkbox"/> NAAT/RNA Testing				<input type="checkbox"/> Conventional <input type="checkbox"/> Rapid <input type="checkbox"/> Other <input type="checkbox"/> NAAT/RNA Testing			
Site Zip Code		Test Result				Test Result				Test Result			
Site County		<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result				<input type="checkbox"/> Positive/Reactive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate <input type="checkbox"/> Invalid <input type="checkbox"/> No Result			
Client ID		Result Provided				Result Provided				Result Provided			
Date of Birth		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, client obtained results from another agency			
(enter 01/01/1800 if unknown)		If Results NOT provided, why?				If Results NOT provided, why?				If Results NOT provided, why?			
Client State		<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other				<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other				<input type="checkbox"/> Declined Notification <input type="checkbox"/> Did not return/ Could not locate <input type="checkbox"/> Other			
Client County		Choose one if											
Client Zip Code		<input type="checkbox"/> Client was not asked about behavioral risk factors <input type="checkbox"/> Client was asked, but no behavioral risks identified <input type="checkbox"/> Client declined to discuss behavioral risk factors											
Ethnicity		In the past 12 months has the client identified the following:											
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> Declined		Male				Female				Transgender			
Race (check all that apply)		Vaginal or Anal Sex with				Vaginal or Anal Sex with				Vaginal or Anal Sex with			
<input type="checkbox"/> American IN/ AK Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Don't Know <input type="checkbox"/> Black/African American <input type="checkbox"/> Declined <input type="checkbox"/> Native HI/Pac. Islander		Without using a condom				Without using a condom				Without using a condom			
Assigned Sex at Birth		With a person who is an IDU				With a person who is an IDU				With a person who is an IDU			
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined		With a person who is HIV +				With a person who is HIV +				With a person who is HIV +			
Current Gender Identity		Other Rsk Factor(s)											
<input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F <input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M <input type="checkbox"/> Declined <input type="checkbox"/> Transgender unspecified Additional: _____		(enter two digit code)											
Previous HIV Test?		Has the client had vaginal or anal sex with an MSM? FEMALE ONLY											
<input type="checkbox"/> Yes <input type="checkbox"/> Don't Know <input type="checkbox"/> Not Asked <input type="checkbox"/> No <input type="checkbox"/> Declined		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Self Reported Result		Has the client had oral sex?											
<input type="checkbox"/> Negative <input type="checkbox"/> Don't know <input type="checkbox"/> Positive <input type="checkbox"/> Declined <input type="checkbox"/> Preliminary Positive <input type="checkbox"/> Not Asked <input type="checkbox"/> Indeterminate		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Session Activities		Has the client used injection drugs?											
1		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did client share drug injection equipment?											
2		<input type="checkbox"/> Yes <input type="checkbox"/> No											
Local Use Field L1		Local Use Field L1											
Local Use Field L2		Local Use Field L2											

EVALUATIONWEB 2012 HIV TEST FORM draft

CDC requires the following information on preliminary & confirmed positives

Was client referred to HIV Medical Care?

Yes → If Yes, did client Attend the first appointment?

Yes → If yes, was the first appointment within 90 days of the HIV Test?

No Yes

Don't Know No Don't Know

No → If No, why?

Client already in HIV Medical Care

Client declined HIV Medical Care

Was client referred to / contacted by Partner Services?

Yes → If Yes, was client interviewed for Partner Services?

No Yes → If yes, was the client interview within 30 days of receiving their result?

No No

Don't Know Don't Know

Was client referred to HIV Prevention Services?

Yes → If Yes, did client receive HIV Prevention Services?

No Yes

No No

Don't Know Don't Know

If female, is client pregnant ?

Yes → If yes, is client in prenatal care?

No Yes

Don't Know No

Declined Don't Know

Not Asked Declined

Not Asked Not Asked

Local Use Field			
L5			
L6			
L7			
L8			
L9			
L10			
L11			
L12			
L13			
L14			
L15			
L16			
L17			

CDC Use Fields			
C5			
C6			
C7			
C8			
C9			
C10			

Notes:

For Health Departments Use ONLY

Is client in surveillance system or records?

Yes

No

Not Checked

HIV Incidence							
Date client reported information:							
	M	M	D	D	Y	Y	Y
Has the client ever had a previous HIV Test?							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined							
Date of first positive HIV Test:							
	M	M	D	D	Y	Y	Y
Has the client ever had a negative HIV Test?							
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined							
Date of last negative HIV Test:							
	M	M	D	D	Y	Y	Y
Number of negative HIV tests within 24 months before the current (or first positive) HIV test:							
<input type="text"/>							
Has the client used or is client currently using antiretroviral medication (ARV)?							
<input type="checkbox"/> Yes → If yes, specify antiretroviral medications							
<input type="checkbox"/> No							
<input type="checkbox"/> Don't Know							
<input type="checkbox"/> Declined							
Date ARV began:							
	M	M	D	D	Y	Y	Y
Date of last ARV use:							
	M	M	D	D	Y	Y	Y

- 22 Agenerase (amprenavir)
- 30 Aptivus (tipranavir, TPV)
- 32 Atripla (efavirenz/emtricitabine/tenofovir DF)
- 24 Combivir (lamivudine/zidovudine,3TC/AZT)
- 06 Crixivan (indinavir, IDV)
- 11 Emtriva (emtricitabine, FTC)
- 03 EpiVir (lamivudine, 3TC)
- 28 Epzicom (abacavir/lamivudine, ABC/3TC)
- 25 Fortovase (saquinavir, SQV)
- 10 Fuzeon (enfuvirtide, T20)
- 19 Hepsira (adefovir)
- 02 Hivid (zalcitabine, ddC)
- 23 Hydroxyurea
- 18 Inivase (saquinavir, SQV)
- 34 Intelence (etravirine)
- 36 Isentress (raltegravir)
- 16 Kaletra (lopinavir, ritonavir)
- 31 Lexiva (fosamprenavir, 903)
- 07 Norvir (ritonavir, RTV)
- 33 Prezista (darunavir, DRV)
- 09 Rescriptor (delavirdine, DLV)
- 26 Retrovir (zidovudine, ZDV, AZT)
- 15 Reyataz (atazanavir, ATV)
- 08 Saquinavir (Fortovase, Inivase)
- 35 Selzentry (maraviroc)
- 21 Sustiva (efavirenz, EFV)
- 13 Trizivir (abacavir/lamivudine/zidovudine, ABC/3TC, AZT)
- 27 Truvada (tenofovir DF/emtricitabine, TDF/FTC)
- 01 Videx (didanosine, ddi)
- 14 Videx EC (didanosine, ddi)
- 17 Viracept (nelfinavir, NFV)
- 05 Viramune (nevirapine, NVP)
- 12 Viread (tenofovir DF, TDF)
- 04 Zerit (stavudine, d4T)
- 20 Ziagen (abacavir, ABC)
- 89 Other
- 99 Unspecified

