

ACKNOWLEDGMENT: RECEIPT OF RFP DOCUMENTS

Buyer

Telephone Number

E-mail Address

Fax Number

**STATE OF CONNECTICUT**  
**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**



<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b> EST	<b>RFP SURETY:</b>
<b>RFP TITLE:</b>			

**NOTE: Please complete and return this acknowledgement as soon as possible to the Buyer's email address or fax number indicated above. This document is crucial for proposal follow-up.**

**Please check one of the following boxes:**       Submitting a proposal       NOT submitting a proposal

**Print or type the following information:**

Firm/Corporation Name:	
Street Address:	
City, State, Zip Code:	
Contact Name/Title:	
Phone Number:	
Fax Number:	
E-mail Address:	

PROPOSER'S CHECKLIST

Buyer

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<i><b>IT IS SUGGESTED THAT YOU REVIEW AND CHECK OFF EACH ACTION ITEM AS YOU COMPLETE IT</b></i>		<b>CHECK</b>
<b>1.</b>	Form UCHC RFP-01 (Acknowledgement: Receipt of RFP Documents) must be completed and returned <u>at least</u> 48 hours before the proposal due date and time listed on page 1 of this form.	
<b>2.</b>	If required, the amount of proposal surety has been checked and the surety has been included in the upper right hand corner of RFP Documents specified.	
<b>3.</b>	Form UCHC RFP-04 (Scope of Work) must be included with your proposal and contain the following:	
	<b>a.</b> Supplier's name must be in the upper right corner of all price schedule pages	
	<b>b.</b> The delivery information has been included with the proposal. Be specific: In most cases, "as ordered" or "as required" is not complete information.	
	<b>c.</b> The proposal prices you have offered have been reviewed and verified.	
	<b>d.</b> The price extensions and totals have been checked. In case of discrepancy between unit prices and total prices, the unit price will govern the proposal evaluation.	
	<b>e.</b> Any errors, alterations, corrections or erasures to unit prices or total prices must be initialed by the person who signs the proposal or his/her designee. Such changes made and not initialed shall mean automatic rejection of that portion of the proposal.	
	<b>f.</b> The payment terms are <b>Net 45 Days</b> . You may offer cash discounts for prompt payment. Cash discounts for net terms less than 45 days may be considered when evaluating proposal pricing. <i>Exception:</i> State of CT Small Business Set-Aside proposal payment terms shall be in accordance with Connecticut General Statutes §4a-60j.	
<b>4.</b>	Submit, a signed copy or "red lined" version of the standard contract or purchase agreement with the bid response.	
<b>5.</b>	Any technical or descriptive literature, drawing or proposal samples that are required have been included with the proposal.	
<b>6.</b>	Form UCHC RFP-05 (CHRO & SEEC Compliance) must be completed in its entirety and submitted with each proposal, even if the Proposer's company is family owned or operated, and regardless of the number of employees. Non-compliance may result in proposal rejection.	
<b>7.</b>	If applicable, the RFP Addendum (UCHC RFP-11 Form and/or UCHC RFP-12 Form) has been signed and included with your proposal.	
<b>8.</b>	If applicable, the following documents have been signed and uploaded on BizNet: <ul style="list-style-type: none"> <li>a) <b>Non-discrimination Certification</b></li> <li>b) <b>OPM Ethics Form 5</b> (Consulting Agreement Affidavit) – Contract Value of \$50,000 or more</li> <li>c) <b>OPM Ethics Form 6</b> (Affirmation of Receipt of State Ethics Laws Summary) – Contract Cost of \$500,000 or more</li> </ul>	

PROPOSER'S CHECKLIST

<b>9.</b>	Please note that UConn Health Center has a Shipping Program, therefore you must contact Mike Pallazzini at Megalogistics via email at palazzini@uchc.edu to obtain the freight quote before you submit your proposal. Please submit all of your freight quotes with your proposal.
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**NOTE:** The proposal is to be mailed or hand-delivered in time to be received no later than the designated opening date and time. Late proposals are not accepted under any circumstances. Please allow enough time if you are mailing in your proposal.

- a) Please use the mailing label format below when submitting your proposal via mail.

<b>SEALED RFP NUMBER:</b>	
<b>NOT TO BE OPENED UNTIL:</b>	
<b>RETURN PROPOSAL TO:</b>	<b>University of Connecticut Health Center</b> <b>263 Farmington Avenue MC 4036</b> <b>Farmington, CT 06032</b>

- b) Hand delivered proposals are to be presented at the following address:

**University of Connecticut Health Center**  
**Procurement Operations & Contracts**  
**16 Munson Road 2<sup>nd</sup> Floor**  
**Farmington, CT 06032**

**NOTE:** All proposals shall become the sole property of the University of Connecticut Health Center and will not be returned. Your submitted proposal may be rejected if the following requirements are not met:

- a) The following UCHC Request For Proposal documents have been completed in its entirety and signed by a duly authorized representative of the company where applicable.
- UCHC RFP-03 Proposer's Info, OSHA, Debarment and W-9
  - UCHC RFP-05 CHRO & SEEC Compliance
  - UCHC RFP-06 Affidavits & Certifications
  - UCHC RFP-08 Proposer's Statement of Qualifications
  - UCHC RFP-10 UCHC Business Associate Agreement (*if applicable*)
- b) Applicable Non-discrimination Certification and OPM Ethics Forms referenced in item number (8.) above must be signed, notarized (where applicable), and uploaded on BizNet at the following website:  
<https://www.biznet.ct.gov/AccountMaint/Login.aspx>.

The links listed below are provided for your convenience. It is your responsibility to ensure that you are compliant with the most current laws, regulations, rules & policies.

**Refer to “Guide to the Code of Ethics For Current or Potential State Contractors” at the following website:**

<http://www.ct.gov/ethics/cwp/view.asp?a=3488&q=414966>

**Refer to “State of Connecticut Supplier Diversity Program” at the following website:**

<http://www.das.state.ct.us/cr1.aspx?page=34>

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<b>RFP TITLE:</b>			

**REQUEST FOR PROPOSAL:** Pursuant to the provisions of Sections 10a-151a, 10a-151b and 4a-57 of the Connecticut General Statutes as amended, sealed proposals will be received by the University of Connecticut Health Center, at the address above, for furnishing the commodities and/or services described above under RFP Title.

**IMPORTANT:** ALL pages of this form must be completed, signed and returned by the proposer as part of the proposal package. Failure to complete and submit all pages may constitute grounds for rejection of your proposal. By completing this form the Supplier agrees that it is in compliance with all applicable UCHC policies and procedures, federal, state, and local laws and regulations, including but not limited to Connecticut General Statutes Sections 10a-151a and 10a-151b, 4a-60 and 4a-60a.

SECTION 1 of 6: <b>PROPOSER INFORMATION</b>	
COMPLETE LEGAL BUSINESS NAME:	TAXPAYER ID NUMBER (TIN):
BUSINESS NAME, TRADE NAME, DOING BUSINESS AS (IF DIFFERENT FROM ABOVE):	WILL CONTRACT BE WITH DBA? (IF APPLICABLE): <input type="checkbox"/> YES <input type="checkbox"/> NO
PRINCIPAL PLACE OF BUSINESS (IF DIFFERENT FROM ABOVE):	IS YOUR BUSINESS A HUMAN TISSUE SUPPLIER? <input type="checkbox"/> YES <input type="checkbox"/> NO
BUSINESS ENTITY: <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETORSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER	
<b>NOTE:</b> IF YOUR BUSINESS IS AN <i>INDIVIDUAL/SOLE PROPRIETOR</i> , INDIVIDUAL'S NAME MUST APPEAR IN THE COMPLETE LEGAL BUSINESS NAME BLOCK ABOVE. IF YOUR BUSINESS IS A <i>PARTNERSHIP</i> , YOU MUST ATTACH THE NAMES AND TITLES OF ALL PARTNERS.	
LIST TYPES OF PRODUCTS AND OR SERVICES PROVIDED:  _____	
IS YOUR BUSINESS CURRENTLY A <b>STATE OF CT CERTIFIED</b> SMALL BUSINESS ENTERPRISE? IF SO, PLEASE ATTACH A COPY OF THE CERTIFICATE? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO	IS YOUR BUSINESS CURRENTLY A <b>FEDERALLY CERTIFIED</b> SMALL BUSINESS? IF SO, PLEASE ATTACH A COPY OF THE CERTIFICATE? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO
IS YOUR BUSINESS CURRENTLY REGISTERED WITH THE STATE OF CT SECRETARY OF THE STATE'S OFFICE TO DO BUSINESS IN THE STATE OF CT? (PLEASE CHECK) <input type="checkbox"/> YES <input type="checkbox"/> NO	

IF YOU ARE A CURRENT OR PREVIOUS *STATE EMPLOYEE*, INDICATE THE POSITION, AGENCY, AND AGENCY ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CORPORATE ADDRESS:		REMITTANCE ADDRESS:
ADDRESS:		
ADDRESS:		
CITY, STATE, ZIP CODE:		
TELEPHONE NUMBER:		

**SECTION 2 of 6: PURCHASE ORDER DISTRIBUTION**

**PLEASE INDICATE THE BEST METHOD OF PURCHASE ORDER DISTRIBUTION (PLEASE CHECK):**     FAX     E-MAIL

CONTACT NAME:	
TELEPHONE NUMBER:	
FAX NUMBER:	
E-MAIL ADDRESS:	

**SECTION 3 of 6: AFFIRMATION OF PROPOSER**

I \_\_\_\_\_ BEING A DULY AUTHORIZED REPRESENTATIVE OF \_\_\_\_\_

NAME OF AUTHORIZED PERSON COMPLETE LEGAL BUSINESS NAME

HEREBY CERTIFY AS FOLLOWS:

- I/We AGREE(S) TO BE BOUND BY ALL TERMS AND CONDITIONS INCLUDED IN THIS RFP NUMBER REFERENCED ON PAGE 1 OF THIS FORM.
- IF SELECTED, I/We FURTHER AGREE(S) TO EXECUTE A CONTRACT WITH UCHC IN A FORM PROVIDED BY UCHC, CONTAINING ALL OF UCHC'S TERMS AND CONDITIONS AND TO EXECUTE ALL STATE OF CONNECTICUT AFFIDAVITS AND CERTIFICATIONS WHICH ARE REQUIRED AT THE TIME OF CONTRACTING.
- THE AUTHORITY FOR THE UNDERSIGNED TO BIND IS APPENDED HERETO.

SIGNATURE OF PERSON AUTHORIZED TO SIGN ON BEHALF OF THE ABOVE NAMED BUSINESS:  SIGN HERE	DATE EXECUTED:
NAME OF AUTHORIZED PERSON:	TITLE OF AUTHORIZED PERSON:

**SECTION 4 of 6: OCCUPATIONAL SAFETY & HEALTH ACT (OSHA)**

The following information is required pursuant to Section 31-57b of the Connecticut General Statutes:

a.) In the past three years, have you, your company, or any firm, corporation, partnership or association in which you or your company have an interest, been cited for any willful or serious violations of any occupational safety and health act, standard, order or regulation? If yes, please attach a list of the following information for each violation/citation: the date of the violation, the date of the citation, the nature of the violation (including references to the statutes, regulations, standards or orders violated), the name of the individual or company cited, the name of the government agency that issued the citation, and the result/penalty.

YES     NO    (PLEASE CHECK)

b.) In the past three years, have you, your company, or any firm, corporation, partnership or association in which you or your company have an interest, received any criminal convictions related to the injury or death of any employee? If yes, attach a list of the following information for each criminal conviction: the date of the incident resulting in the employee injury/death, the date of the criminal conviction, the court that issued the conviction, the nature of the conviction (including references to any statutes, regulations, standards or orders violated), the name of the individual or company convicted, and the result/penalty.

YES     NO    (PLEASE CHECK)

**SECTION 5 of 6: DEBARMENT AND/OR SUSPENSION**

Is the proposer, any company official, or any subcontractor to the proposer presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any governmental entity in accordance with UCHC Policy No. 2001-3 and applicable federal and state laws.

YES     NO    (PLEASE CHECK)

Has the proposer, any company official, or any subcontractor to the proposer, received any notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government, any governmental entity or any other state within the United States?

YES     NO    (PLEASE CHECK)

The above signed proposer further affirms that they shall disclose to UCHC immediately in writing of any debarment, suspension, proposal for debarment, voluntary exclusion or other events that makes them an "ineligible person" at any time during the course of this RFP. An "Ineligible Person" is an individual or entity who: (i) is currently excluded, debarred, suspended, or otherwise ineligible to participate in the Federal health care programs or in Federal procurement or non-procurement programs; or (ii) has been convicted of a criminal offense that falls within the ambit of 42 U.S.C. § 1320a-7(a), but has not yet been excluded, debarred, suspended, or otherwise declared ineligible.

If the above signed proposer, any company official or any subcontractor to the proposer have received notices of debarment and/or suspension from contracting with the State of Connecticut, the Federal Government or any governmental entity, said notices must be attached to this document when submitting this proposal.

**SECTION 6 of 6: DEBARMENT CERTIFICATION**

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - - LOWER TIER COVERED TRANSACTIONS**

**INSTRUCTIONS FOR CERTIFICATION**

- 1) By signing and submitting this application, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 2) The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, UCHC may pursue available remedies, including suspension and/or debarment.
- 3) The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this application is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4) The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "application," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549.
- 5) The prospective recipient of Federal assistance funds agrees by submitting this application that, should the proposed covered transactions be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by UCHC.
- 6) The prospective recipient of Federal assistance funds further agrees by submitting this application that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7) A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determined the eligibility of its principals. Each participant may, but is not required, to check the List of Parties Excluded from procurement or Non-Procurement Programs.
- 8) Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9) Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, UCHC may pursue available remedies including suspension and/or debarment.

**Before signing Certification, read all the instructions which are an integral part of the Certification.**

- 1) The prospective recipient of Federal assistance funds certifies, by submission of this application, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- 2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this application.

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Name of Authorized Representative

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Title of Authorized Representative

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Signature

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Date

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

<b>Print or type See Specific Instructions on page 2.</b>	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____  <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Patient Financial Services  
Request for Proposal UCHC2-42570927

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# Patient Financial Services

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University of  
Connecticut Health  
Center Procurement

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Request for Proposal UCHC2-  
42570927

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Patient Financial Services  
Request for Proposal UCHC2-42570927

I. Overview of the University of Connecticut Health Center

A. Introduction

The UConn Health Center is a vibrant, integrated academic medical center.

It is at the center of Bioscience Connecticut, a bold plan introduced by Connecticut Governor Dannel P. Malloy and approved by the Connecticut General Assembly in 2011. The plan will strengthen Connecticut's position as a national and global leader for bioscience innovation and improve access to quality health care for Connecticut citizens for generations to come.

Based in Farmington, Connecticut – a popular suburb of the state's capitol of Hartford – the UConn Health Center is home to the School of Medicine, School of Dental Medicine, John Dempsey Hospital, UConn Medical Group, UConn Health Partners, University Dentists and a thriving research enterprise, which now includes the new Cell and Genome Sciences Building.

With approximately 5,000 employees, the UConn Health Center is a major economic driver in the region, generating nearly \$1 billion annually in gross state product. It is closely linked with the University of Connecticut's main campus in Storrs through multiple, cross-campus academic and administrative projects. In fact, the UConn Health Center represents half of the University: half of its budget; half of its employees and half of its research portfolio.

In all, the practice includes more than 450 physicians with expertise in more than 50 specialties.

Through Bioscience Connecticut, a new Ambulatory Care Center will be constructed on the UConn Health Center campus to house existing services and support the work of new faculty that will be joining the UConn Health Center.

B. Health Services

The university hospital, John Dempsey Hospital, has 224 beds and provides specialized and routine inpatient and outpatient services for adults. It is widely recognized for its excellence in maternal fetal medicine, cardiology programs, cancer care and orthopaedics. In addition, the John Dempsey Hospital is home to the only full service Emergency Department in the Farmington Valley.

Through Bioscience Connecticut, construction will begin in 2013 for a new patient care tower on the Health Center campus, as well as renovations to the existing John

Patient Financial Services  
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Dempsey Hospital. The projects are expected to be completed in 2016 and 2018, respectively.

C. Educational Programs

Dedicated to providing broad educational opportunities in the biomedical sciences, the Health Center offers degree programs in medicine (M.D.), dental medicine (D.M.D.), and biomedical sciences (Ph.D.); master's degree programs in public health and dental science (M.P.H, M.D.S.); postdoctoral fellowships; residency programs providing specialty training for newly graduated physicians and dentists; and continuing education programs for practicing health care professionals. Combined degree programs, such as the M.D./Ph.D., D.M.D./Ph.D., Dental Clinical Specialty/Ph.D. and M.D./M.P.H. are also offered.

The UConn Health Center is the only academic health center in the nation where a medical school was founded concurrently with a dental school. As the schools took shape during the 1960s, their planners took advantage of their simultaneous evolution to forge strong links between them. Most notably, medical and dental students share an essentially common curriculum during the first two years of their four-year degree programs. During this period they study the basic medical sciences together. This experience provides UConn's dental students with an especially strong foundation in the biomedical sciences that undergird the dental profession. Reflecting its close ties to medicine, the dental school awards its graduates the D.M.D. - doctor of dental medicine.

Each year in Farmington, about 352 students work toward their medical doctor's degree and 178 toward their doctor of medical dentistry degree. Another 339 students pursue graduate degrees. Admission to each school is highly competitive, but both schools offer preferential consideration to qualified Connecticut residents in their admissions policies. In the years since the Health Center graduated its first students in 1972, 1,412 men and women have received their D.M.D. degree; 2,972 their M.D. degree. About 35 percent of School of Medicine graduates are currently practicing in Connecticut and close to 50 percent of School of Dental Medicine graduates are taking care of patients in our state.

Through a variety of residency programs, the School of Medicine provides postgraduate training for more than 600 newly graduated M.D.s each year. These physicians come from all over the country to acquire advanced skills in fields such as the surgical specialties, internal medicine, and more. Some of the residency training occurs on the Health Center's main campus, but much of it takes place in community hospitals in Greater Hartford – thus extending the Health Center's influence far beyond Farmington.

Patient Financial Services  
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D. Research Programs

Since the Health Center's inception, its administration and faculty have been committed to maintaining high-quality research programs as part of the institution's fabric. This commitment has enabled the Health Center to recruit distinguished researchers with expertise in neuroscience, vascular biology, molecular biology, molecular pharmacology, biochemistry, cell physiology and cancer immunology, among other fields.

Through Bioscience Connecticut, the original research building on the UConn Health Center campus will be renovated and modernized. New space for start-up bioscience businesses will be added to the new Cell and Genome Sciences Building.

In addition, Bioscience Connecticut is bringing about a new collaboration between the state, UConn, UConn Health Center, Yale University, and the prestigious Jackson Laboratory. The project will enable Connecticut to assume a position of global leadership in genomics and personalized medicine by developing new medical treatments tailored to each patient's unique genetic makeup. The Jackson project will be housed in a new building under construction on the UConn Health Center campus.

These developments follow the addition in 2010 of the University's Cell and Genome Sciences Building that houses the Stem Cell Institute as well as cutting edge cell biology and genetics research, and technology transfer in the areas of stem cell biology, advanced microscopy and imaging, computational biology, and genetics. They unite in a cross-disciplinary, collaborative setting to enhance Connecticut's role as a leader in stem cell research and accelerate discoveries that ultimately could lead to therapies treating a broad range of diseases and disorders.

The UConn Health Center is also home to a robust clinical trials program that intersects with many clinical specialists. And all intellectual endeavors are supported by the Lyman Maynard Stowe Library.

E. Our Campus

Construction of the Health Center's main campus began in 1966. The main complex occupies a prominent hilltop near I-84 and the Farmington-West Hartford line. The massive, circular building originally contained about 1.2 million square feet, seven miles of corridors, and 2,000 rooms. Its first major addition, the Andrew J. Canzonetti, M.D. Building, was dedicated in 1994. It added 94,000 square feet next to John Dempsey Hospital. The Health Center's Academic Research Building

Patient Financial Services  
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opened in 1999. The impressive 11-story structure provides 173,647 square feet of state-of-the-art laboratory space.

The Medical Arts and Research Building (MARB), which opened in 2005, added to the campus a four-story, 103,663 square-foot, facility for care and research related to conditions affecting bones, joints and connective tissue. The MARB houses an open MRI, physical therapy and rehabilitation services, as well as, clinical services including orthopaedics, rheumatology and neurosurgery. It also is home to the Farmington Surgery Center, a multispecialty outpatient surgery center.

In 2010, the Cell and Genome Sciences building added another 118,844 square feet to the Health Center's research enterprise. It houses research laboratories, offices, a 100-seat auditorium, cafeteria, and incubator space for businesses eager to commercialize stem cell science.

In all, the UConn Health Center campus in 2011 consists of 37 buildings totaling over 2.1 million square feet.

By 2018, Bioscience Connecticut will have transformed the UConn Health Center campus through the construction of a new patient care tower; renovations to the original research building, including a significant increase in incubator space; the construction of an outpatient patient care building; and renovations to the existing John Dempsey Hospital.

II. Purpose of Request for Proposal (RFP)

The UCONN Health Center (UCHC) is requesting proposals from qualified organizations to request proposals from selected vendors for Patient Billing Services in accordance with the bid specifications for John Dempsey Hospital, University Dentists, University Physicians and the School of Dental Medicine at the UCONN Health Center.

**Form Specifications (Section 1 thru IV)**

**SECTION I: JOHN DEMPSEY HOSPITAL SPECIFICATIONS**

**Subsection A: Statements**

1. Weekly electronic file is produced by University of CT Health Center (UCHC).
 

6200 BPI	EBCDIC
Reel	Block size 2048
Variable Block	10 characters per inch
Black Ink	

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Laser printing, folding, stuffing of weekly billing statements for John Dempsey Hospital via electronic file. Stock paper and envelopes shall be provided by supplier.

2. Approximately 3,500 - 5,000 patient accounts are on a weekly run. The total of all individual pages is approximately 6,800 pages. **Vendor shall laser print the information on one-sided 8-1/2" x 11" cut sheet. Reverse side of each sheet will have fixed template information.** Subsequent pages are in the same format (see Attachment #1). **Vendor shall assume programming costs associated with printing information in correct location on statement and running column lines.**
3. 12 pitch print, black ink onto one sided 8-1/2" x 11" page. **Reverse side of each sheet will have fixed template information.**
4. Presort first class mailing. (Supplier is responsible to bill us for postage)
5. Agency shall to use #9 return envelope and #10 mailing envelopes.
6. Laser printing, folding, stuffing of monthly billing statements on 8-1/2" x 11" cut sheet forms. For multiple page bills, the second and subsequent pages shall be a difference format, requiring the ability to print on two different formats; one color, one side.
7. All electronic files shall be produced by the University of CT Health Center (UCHC). This shall include sorting, coding for automatic matching of multi-page statements, changing forms, etc. Vendor to automatically match and sent multi-page statement through the use of intelligent inserting equipment. Include up to two (2) inserts with specified statements.
8. The electronic file is produced by John Dempsey Hospital every Thursday or the next available business day.
9. Any addresses that need corrections should be sent back, in copy form, to John Dempsey Hospital for correction to our database.
10. Vendor shall guarantee forty-eight (48) hour turnaround time.
11. Vendor shall notify John Dempsey Hospital via e-mail of the following:
  - Date file is received.
  - Date statements mailed.
  - Number of statements mailed
12. Samples of pages 1 and 2 of the statement attached.

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**Subsection B: Letters**

1. Laser printing, folding, stuffing of letters for John Dempsey Hospital via electronic file. Price to also include stuffing return envelope.
2. Stock paper and envelopes shall be provided by supplier.
3. Volume to be determined based on need.
4. Black ink
5. Letter: one-sided 8-1/2" x 11" perforated (see attached example).  
Mailing envelope: 4-1/4" x 9-1/2"  
Return envelope: 3-7/8" x 8-7/8"
6. Presort first class mailing. (Supplier is responsible to bill us for postage)
7. Mailing shall occur within 48 hours of receipt.
8. Form is subject to change.

**Statement of Work**

The purpose of this Request for Proposal (RFP) is to request proposals from selected vendors for Patient Billing Services in accordance with the bid specifications for University Dentists and the School of Dental Medicine at the UConn Health Center.

**SECTION II: UNIVERSITY DENTISTS SPECIFICATIONS**

**Subsection A: Statements**

1. Laser printing, folding, and stuffing of monthly billing statements which are run during the 1<sup>st</sup> week of the month for University Dentists via an encrypted text file sent via email with a password protected zip file. Stock paper and envelopes shall be provided by supplier.
2. Approximately 1,300 to 2,000 statements printed per month. 90% are single page, 10% more than two pages. **Reverse side of each sheet will have fixed template information.**

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3. 12 pitch print, black ink onto one sided 8-1/2" x 11" page. **Reverse side of each sheet will have fixed template information.**
4. Presort First Class mailing. (Supplier is responsible to bill us for postage)
5. #10 mailing envelopes.
6. Laser printing and stuffing of monthly billing statements on 8-1/2" x 11" cut sheet forms. **Reverse side of each sheet will have fixed template information.** For multiple page bills, the second and subsequent pages shall be a different format, requiring the ability to print on two different formats; one color, one side.
7. All statement files shall be produced by the University of CT Health Center (UCHC). This shall include sorting, coding for automatic matching of multi-page statements, changing forms, etc. Vendor to automatically match and send multi-page statement through the use of intelligent inserting equipment. Vendor to open and process files, the day after each statement run – within 1 business day of receiving files.
8. Include up to two (2) inserts with specified statements.
9. The price shall not increase if University Dentists switches from a monthly to a weekly billing cycle.
10. Any addresses that need corrections should be sent back, in copy form, to University Dentists for correction to our database.
11. Vendor shall guarantee forty-eight (48) hour turn-around time.
12. Date special billing returned to University Dentists via courier - Account Status: Hold/Budget.
13. Samples of the University Dentists Statement (side 1 and 2) attached.
14. Vendor to notify University Dentists administration via email of the following:
  - Date and Number of Statements mailed

**Subsection B**

Vendor may also submit a bid to include a complete package of laser printing and mailing statements to include cost of stock paper, printing, stuffing, postage, mailing envelopes, and return envelopes.

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**SECTION III: SCHOOL OF DENTAL MEDICINE SPECIFICATIONS**

**Subsection A: Statements**

1. Laser printing, folding, and stuffing of monthly billing statements which are run during the 1<sup>st</sup> week of the month for the School of Dental Medicine via an encrypted text file sent via email with a password protected zip file. Stock paper and envelopes shall be provided by supplier.
2. Approximately 3,000 to 5,000 statements printed per month. 95% are single page, 5% more than two pages.
3. 12 pitch print, black ink onto one sided 8-1/2" x 11" page. **Reverse side of each sheet will have fixed template information.**
4. Presort First Class mailing. (Supplier is responsible to bill us for postage)
5. #10 mailing envelopes.
6. Laser printing and stuffing of monthly billing statements on 8-1/2" x 11" cut sheet forms. **Reverse side of each sheet will have fixed template information.** For multiple page bills, the second and subsequent pages shall be a different format, requiring the ability to print on two different formats; one color, one side.
7. All statement files shall be produced by the University of CT Health Center (UCHC). This shall include sorting, coding for automatic matching of multi-page statements, changing forms, etc. Vendor to automatically match and send multi-page statement through the use of intelligent inserting equipment. Vendor to open and process files, the day after each statement run – within 1 business day of receiving files.
8. Include up to two (2) inserts with specified statements.
9. The price shall not increase if the School of Dental Medicine switches from a monthly to a weekly billing cycle.
10. Any addresses that need corrections should be sent back, in copy form, to the School of Dental Medicine for correction to our database.
11. Vendor shall guarantee forty-eight (48) hour turn-around time.
12. Date special billing returned to Dental Finance via courier - Account Status: Hold/Budget.

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13. Samples of the School of Dental Medicine Statement (sides 1 and 2) attached.

14. Vendor to notify School of Dental Medicine administration via email of the following:

- Date and Number of Statements mailed

### **Subsection B**

Vendor may also submit a bid to include a complete package of laser printing and mailing statements to include cost of stock paper, printing, stuffing, postage, mailing envelopes, and return envelopes.

## **SECTION IV: CENTER FOR IMPLANT AND RECONSTRUCTIVE DENTISTRY SPECIFICATIONS**

### **Subsection A: Statements**

1. Laser printing, folding, and stuffing of monthly billing statements which are run during the 1<sup>st</sup> week of the month for the School of Dental Medicine via an encrypted text file sent via email with a password protected zip file. Stock paper and envelopes shall be provided by supplier.
2. Approximately 200 to 500 statements printed per month. 95% are single page, 5% more than two pages.
3. 12 pitch print, black ink onto one sided 8-1/2" x 11" page. **Reverse side of each sheet will have fixed template information.**
4. Presort First Class mailing (Supplier is responsible to bill us for postage)
5. #10 mailing envelopes.
6. Laser printing and stuffing of monthly billing statements on 8-1/2" x 11" cut sheet forms. **Reverse side of each sheet will have fixed template information.** For multiple page bills, the second and subsequent pages shall be a different format, requiring the ability to print on two different formats; one color, one side.
7. All statement files shall be produced by the University of CT Health Center (UCHC). This shall include sorting, coding for automatic matching of multi-page statements, changing forms, etc. Vendor to automatically match and send multi-page statement through the use of intelligent inserting equipment.

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- Vendor to open and process files, the day after each statement run – within 1 business day of receiving files.
8. Include up to two (2) inserts with specified statements.
  9. The price shall not increase if the Implant Center switches from a monthly to a weekly billing cycle.
  10. Any addresses that need corrections should be sent back, in copy form, to the Implant Center for correction to our database.
  11. Vendor shall guarantee forty-eight (48) hour turn-around time.
  12. Date special billing returned to Implant Center via courier - Account Status: Hold/Budget.
  13. Samples of the Implant Center Statement attached.
  14. Vendor to notify School of Dental Medicine administration via email of the following:
    - Date and Number of Statements mailed

**Subsection B**

Vendor may also submit a bid to include a complete package of laser printing and mailing statements to include cost of stock paper, printing, stuffing, postage, mailing envelopes, and return envelopes.

**SECTION V.: UNIVERSITY PHYSICIANS SPECIFICATIONS**

**Subsection A: Statements**

1. The files are produced by University of CT Health Center (UCHC).
  - File organization: Sequential
  - Record format: Variable length, maximum 512 bytes, longest 512 bytes
  - Record attributes: Carriage return carriage control
2. Approximately 3,500 patient accounts via a weekly electronic file. The total of all individual pages is approximately 6,800 pages. **Vendor shall laser print the information on one-sided 8-1/2" x 11" cut sheet form. Reverse side of each sheet will have fixed template information.** Subsequent pages are in the same format (**see Attachment #1**). **Vendor shall assume programming costs associated with printing information in correct location on statement and running column lines.**

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3. The electronic file shall be produced by University Physicians produces 2 files on the 7<sup>th</sup>, 15<sup>th</sup>, 23<sup>rd</sup>, and the last day of the month. One file is Weekly Statements, and one is Informational Statements. These files are zipped and FTP'd to the vendor on the following business day.
4. **Presort First Class mailing. (Supplier is responsible to bill us for postage).**
5. **Vendor shall guarantee a forty-eight (48) hour turn-around time for printing and mailing the statements.**
6. **"BAR CODING" (end-of-collation mark) shall be programmed by vendor, as well as automatically matching and nesting multiple pages through the used of intelligent inserting equipment. Vendor assumes programming cost.**
7. **Vendor shall sort statements by "ACCOUNT STATUS" indicator field on file within each patient account. Vendor shall assume programming costs. Sorting is necessary to accommodate specific mailing instructions (see Attachment #2) entitled "Statement Instructions."**
8. Vendor to fax, e-mail, or transmit in some other form, a random sample of printed Statements (weekly and information) to University Physicians prior to run for approval. **NO STATEMENTS shall be run without a sample being reviewed and approved by a University Physicians representative.**

III. Resultant Contractor Responsibilities

**See attached excel sheet titled "UCHC RFP-04.1 RFP Master Questions Template" to complete responses.**

IV. Proposer Qualifications and Requirements

A. Qualifications

**See attached excel sheet titled "UCHC RFP-04.1 RFP Master Questions Template" to complete responses.**

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B. Proposer Credentialing

UCHC is committed to providing the best patient care available to our patients. To that end, we must ensure that our vendors are compliant with hospital policy and industry standards. UCHC requires that vendors provide documentation that they will abide by our standards for environmental health, safety, privacy, and quality. To assist with credentialing all vendor representatives in the most efficient way, UCHC has contracted with Vendormate, Inc.

C. Background Checks

In accordance with UCHC Policy No. 2001-3 and applicable Federal and state laws, the UCHC Public Safety Department shall conduct security background investigations and Federal sanctions checks on all contractor and proposer employees prior to commencing work on UCHC premises. There is a fee of \$75 for each background check completed. The fee is payable in advance and shall accompany the submission of the Background Information Check Sheet.

V. Resultant Contract Period, Funding, and Number of Awards

Any contract that results from this bid may be processed through either UCHC or the UConn Health Center Finance Corporation ("UCHCFC"). UCHCFC is a statutorily-created public instrumentality and political subdivision of the state of Connecticut that was established to promote UCHC's efficient and effective provision of health care services. In performing its statutory functions, UCHCFC enters into a variety of contracts on behalf of UCHC's clinical operations.

UCHC is requesting proposals for a resultant contract period commencing on January 1, 2014 until December 31, 2016 (the "Term"), which Term may be renewed by UCHC for two (2) additional one (1) year periods. The resultant contract period may change subject to UCHC project schedules.

To ensure a fair, open, and competitive process, UCHC will not disclose the funding available for this RFP.

Under this Request for Proposal (RFP), UCHC expects to award one resultant contract for the Patient Financial Services project.

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VI. Contract

Proposer acknowledges receipt and acceptance of the UCHC standard contract. Proposers will be expected to sign the UCHC standard contract as written, unless the RFP response includes a document that sets forth proposer's specific, requested changes to the UCHC standard contract, using either the "Compare" or "Track changes" functions in MS Word. Such requested changes (in an MS Word editable document) must be made available in electronic format upon request. In addition, proposer must include contact information for the person responsible (at proposer company) for negotiating any requested contract changes. Any proposed changes to the UCHC Standard contract will be considered a conditional proposal (as defined in section 4), which may result in rejection of proposer's response, in whole or in part.

VII. Contract Transition

At the end of the Contract term resulting from this RFP, the University may publish another RFP for same services. The awarded vendor of this RFP agrees to provide a smooth and orderly transition to any new service provider (Successor) to ensure minimal disruption and to avoid any decline in service to UCHC. Respondent must be available and cooperative in any transition at the Contract close-out.

VIII. Procurement Contact Information

Any questions, comments, proposals, and other communications regarding this RFP must be submitted in writing and must be clearly identified as pertaining to this RFP. Proposers who solicit information about this RFP, either directly or indirectly, from sources other than the individual listed below may be disqualified. The contact person for this RFP is:

John Russell  
Fiscal Administrative Officer  
University of Connecticut Health Center  
16 Munson Road, 2<sup>nd</sup> Floor  
Farmington, CT 06034-4036  
Mail Code: 4036  
Telephone: 860-679-7395  
Fax: 860-679-2508  
Email: [jjrussell@uchc.edu](mailto:jjrussell@uchc.edu)

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IX. Request for Proposal (RFP) Schedule

The following schedule, up to and including the deadline for submitting proposals, shall be changed only by an Addendum to this RFP. Dates after submittal of proposals are target dates only. They are provided for planning purposes only and are subject to change.

The following schedule is tentative and is subject to change.

	Milestone	Target Date
1.	RFP posting/release	October 1, 2013
2.	Deadline for written questions (no later than 2:00 p.m. eastern standard time)	October 8, 2013
3.	Posting/release of responses to written questions (Addendum)	October 11, 2013
4.	Proposals due (no later than 2:00 p.m. eastern standard time)	October 21, 2013
5.	Meetings with proposers end	November 1, 2013
6.	Contractor selection	November 5, 2013
7.	Contract negotiations end	November 8, 2013
8.	Contract start	January 1, 2014

X. Questions and Addenda

Interested proposers may submit questions regarding this RFP by email only to the contact person listed in this RFP. Questions submitted other than by email will not be accepted or considered. Proposers must refer to the specific RFP paragraph number and page and must quote the passage being questioned. To be considered, questions regarding this RFP must be received by the contact person by the due date/time specified in this RFP. The early submission of questions is encouraged. It is solely the proposer's responsibility to ensure and verify UCHC's receipt of questions.

UCHC will respond only to those questions that meet the specified due date/time and criteria listed above. Official responses to all questions will be in a Questions/Answers Addendum to this RFP posted on the State Contracting portal at <https://www.biznet.ct.gov/AccountMaint/Login.aspx>.

The expected posting/release date for the Questions/Answers Addendum is listed in this RFP Schedule. It is solely the proposer's responsibility to access the State Contracting portal to obtain all Addenda or official announcements pertaining to this RFP. Proposers shall provide a signed acknowledgement of the receipt of all Addenda with their proposal.

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XI. Proposal Submission Instructions

A. Number of Copies

To submit a responsive proposal, proposers shall provide UCHC with one original (clearly marked) proposal in clearly identified sealed envelope or sealed box by the stated due date/time. In addition, one exact electronic copy (compact disk or jump drive) of the entire proposal in a non-PDF format must be submitted with the original. Those required documents that cannot be converted into electronic format may be excluded from the electronic copy. All materials must be in Word or Excel except those items such as pictures or signatures that cannot be scanned into a Word document.

B. Binding of Proposals

To submit a responsive proposal, proposers shall submit a proposal in a format that will allow pages to be easily incorporated into the original proposal. An original (clearly marked) and all copies must be submitted in loose-leaf or spiral-bound notebooks with the proposer's official name on the outside front cover of each binder and on each page of the proposal (location is at the proposer's discretion).

C. Page Numbers

Each page of the proposal must be numbered consecutively in Arabic numbers from the beginning of the proposal through all appended materials.

D. Cross-referencing RFP and Proposal

Each section of the proposal must cross-reference the appropriate section of this RFP that is being addressed. This will allow UCHC to determine uniform compliance with specific RFP requirements.

XII. Proposal Requirements

Proposers shall include responses to all requested information in their RFP response in sufficient detail for UCHC to determine that all RFP requirements have been met. Failure to provide all information may result in proposal rejection. Proposers should not include a copy of this RFP as part of their response. UCHC does not want a rewrite of this RFP's requirements, since such a proposal would show a lack of understanding of the project and an inability to implement the project.

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A. Organizational Capability and Structure

Responses to this section must describe the proposer's background and experience. The responses must also address the details regarding the proposer's size and resources relevant to this RFP. To submit a responsive proposal, proposers shall:

1. General Proposer Information - Provide detailed information on its company including, but not limited to, the following:
  - a) Company name and address
  - b) Name, telephone number, fax number, and email address of contact person
  - c) Number of staff
  - d) Year the company was established and number of years in business
2. Proposer Qualifications - Describe how its experience meets the requirements of this RFP.
3. Summary of Relevant Experience - List the projects completed within the last three years in the area of Patient Financial Services with emphasis on activities relevant and related to the requirements specified in this RFP.
4. Organizational Chart - Provide an organizational chart showing the hierarchical structure of functions and positions within its organization.
5. Audited Financial Statements - Provide audited financial statements or equivalent information for each of the last three appropriate fiscal years (statements must be prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles).

If proposer has been in business less than three years, the proposer shall include any financial statements prepared by a Certified Public Accountant and reviewed and audited in

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accordance with Generally Accepted Accounting Principles for the entire existence of such firm or corporation.

B. Proposer's References

To submit a responsive proposal, proposers shall provide three specific references for the proposer. References must be able to comment on the proposer's capability to perform the services specified in this RFP. The contact person must be an individual familiar with the proposer and its day-to-day performance. If the proposer has been a State contractor within the last three years, the proposer must include a State of Connecticut reference. Proposers are strongly encouraged to call or write their references to ensure the accuracy of their contact information and their willingness and capability to be references. References must include:

1. Organization's name, address, telephone number, fax number, email address, and Web address (organizations must be of comparable size and complexity as UCHC)
2. Name and title of a contact person
3. Brief description of the services provided to referenced customer
4. Initial service date

C. Staffing Plan

The resultant contractor must notify UCHC in advance and in writing of the departure of any key personnel assigned to this project. Responses to this section must describe the proposer's staffing plan. To submit a responsive proposal, proposers shall:

1. Identify the personnel resources that will be assigned to the project
2. State the proportion of time that personnel will allocate to the project
3. Provide a job description for each title assigned to the identified personnel

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D. Scope of Work

To provide a responsive proposal, proposers shall provide the following:

1. Work Plan - Completed Resultant Contractor Responsibilities Sheet (Refer to RFP-04.1 Master RFP Questions Template)
2. Methodologies - Description of how each resultant contractor responsibility will be accomplished including detailed explanation of the procedures or processes used to attain the expected outcomes
3. Deliverables - List of the form and content of each deliverable (outcome) including a description of the proposed method of working with UCHC, the resources or services requested of UCHC, if any, and the proposed method of receiving UCHC approval of deliverables
4. Schedule - Proposed work schedule by resultant contractor responsibility indicating when each resultant contractor responsibility will be accomplished including any significant milestones or deadlines and service level agreement timelines for all deliverables

E. Cost

To provide a responsive proposal, offering pricing structure for production of both black and white and color statements as detailed on the UCHC RFP-04.1 Master RFP Questions Template provided in excel format. Include all other fees required to successfully implement the solution.

XIII. Evaluation and Selection

A. Selection Committee

It is UCHC's intent to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. Only proposals found to be responsive to this RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. A Selection Committee that includes UCHC Patient Financial Service staff to evaluate qualified proposals submitted in

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response to this RFP and recommend finalists for consideration. The Selection Committee shall evaluate all proposals that meet the Minimum Submission Requirements.

The Committee will rank and numerically score the responses. The Committee may choose a Short List of Proposers to give presentations to the Selection Committee. Following any requested presentations, the Selection Committee will make a recommendation for award that best serves the interests of the University of Connecticut Health Center.

B. Communications during the Evaluation and Selection Process

All communications regarding this RFP will be restricted from the date of RFP opening through the execution of the contract to ensure confidentiality and impartial evaluation of all proposals, except as necessary for the Selection committee to complete their evaluation.

UCHC, through the Procurement and Operations Department, may request that any proposer clarify or supplement any information contained in their response. UCHC requires proposers provide a written response within five (5) business days, or sooner, of receipt of any request for clarification by UCHC.

UCHC shall not discuss the RFP evaluation process with any proposer unless additional information is requested by the Selection Committee. No proposer may contact any UCHC department, employee or Selection Committee member outside of any scheduled evaluation meeting(s), which shall be arranged by the UCHC Procurement and Operations Department. Violation of this requirement may result in disqualification of that proposer's response from consideration for award.

C. Meetings with Proposers

At its discretion, the Selection Committee may convene meetings with some proposers to gain a better understanding of the proposals. The meetings may involve demonstrations, interviews, presentations, and/or site visits. If the Selection Committee decides meetings are warranted, a UCHC contact person will call or email proposers to schedule the meetings. All costs of attending these meetings are the responsibility of the Proposer.

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D. Evaluation Criteria and Weighting

The following criteria will be used in the evaluation process. They are presented as a guide for proposers in understanding the requirements and expectations for this project:

Requirement	Criteria	Weight
1. Organizational Capability and Structure	Capability to perform the specified work demonstrated through background, qualifications, relevant experience, organizational structure, and financial condition	20.0%
2. Proposer's References	Relevant experience and capability to deliver the proposed services supported by proposer's references	20.0%
3. Staffing Plan	Availability, experience, and competence of staff	15.0%
4. Submit Redlined Contract	Must submit word version with bid response (not scanned)	5.0%
5. Scope of Work	Understanding of project and its purpose and scope, as evidenced by the proposed approach and requirements met (work plan, methodologies, deliverables, and schedule)	20.0%
6. Cost	Competitiveness of proposed cost	20.0%
		100.0%



**JOHN DEMPSEY HOSPITAL**  
 OF THE UNIVERSITY OF CONNECTICUT HEALTH CENTER  
 263 FARMINGTON AVENUE - PO BOX 4033  
 FARMINGTON CT 06034-4033

**FORWARDING SERVICE REQUESTED**

[jdhpatientfinancialservices@uchc.edu](mailto:jdhpatientfinancialservices@uchc.edu)

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**TELEPHONE HOURS: 8:30 AM - 4:15 PM**  
**BILLING INQUIRIES: (860) 679-2795**

<b>Primary Insurance Company &amp; Policy #</b> [REDACTED]
<b>Secondary Insurance Company &amp; Policy #</b> [REDACTED]

If you have any changes or additional insurance information, please complete reverse side.

JOHN DEMPSEY HOSPITAL  
 HOSPITAL CASHIER  
 PO BOX 4033  
 FARMINGTON CT 06034-4033



Patient Name	Medical Record Number	Account Balance	Indicate Amount Paid
[REDACTED]	[REDACTED]	\$70.00	

Please detach the top portion of this statement and return it with your payment in the enclosed envelope.

Keep this portion for your records. Please write the Medical Record Number on your check to ensure payment is applied correctly.

Patient Name	Medical Record Number	Statement Date	Indicate Amount Paid
[REDACTED]	[REDACTED]	07/25/13	

DATE	VISIT #	DESCRIPTION	CHARGES	TRANSACTIONS	BALANCE
05/21/13	[REDACTED]	EMERGENCY/URGENT CARE Balance Due	\$1,420.51		\$35.00
06/17/13	[REDACTED]	EMERGENCY/URGENT CARE	\$2,566.76		
06/27/13		INSURANCE BILLED		\$2,566.76	
07/05/13		INSURANCE ADJUSTMENT		-\$911.95	
07/05/13		BLUE CROSS Balance Due		-\$1,619.81	\$35.00

The balance remains overdue. Please send in the balance due.

PAYMENTS RECEIVED ON OR AFTER  
 07/25/13  
 WILL APPEAR ON YOUR NEXT STATEMENT

ACCOUNT BALANCE	\$70.00
<b>AMOUNT DUE</b>	<b>\$70.00</b>



91271-J-1968

Change of Address	INSURANCE NAME:		EFFECTIVE DATE:	
Number and Street	INSURANCE COMPANY BILLING ADDRESS:		POLICY #:	
City	EMPLOYER NAME:			
State	INSURANCE ID #:			
Zip	GROUP #:		PLAN TYPE:	
Area Code – Telephone Number	<b>CREDIT/DEBIT CARD</b>			
Cell Phone including Area Code	If you wish to use your Credit/Debit Card for payment, please COMPLETELY fill in the information below and sign on the form.			
	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER		SIGNATURE:	
	Cardholder Name:			
ACCOUNT NUMBER:	EXPIRATION DATE:	3 DIGIT # ON BACK OF CARD:	AMOUNT CHARGED:	

Detach Here

PLEASE RETURN TOP PORTION ONLY

Detach Here

### RESPONSIBILITY FOR PAYMENT

Even though you may have insurance, you as patient/guarantor are primarily responsible for payment of this bill. JOHN DEMPSEY HOSPITAL will bill your insurance company if you have furnished us with the proper information. However, THE HOSPITAL WILL NOT ACCEPT RESPONSIBILITY FOR COLLECTING YOUR INSURANCE CLAIM or negotiating a settlement on a disputed claim. **If you are sending us insurance information, please provide a readable copy of the front and back of your insurance card.**

### INSURANCE COVERAGE

You as the patient/guarantor are responsible for knowing what your insurance company will cover, and what services require prior authorization. You may be responsible for payment of any balances which are denied by your insurance company for this or any other reason. **Insurance coverage is not always a guarantee of payment.**

### BUSINESS OFFICE HOURS

If you have any questions concerning your bill or wish to make payment arrangements, you may call Patient Financial Services, Monday through Friday, from 8:30 AM to 4:15 PM at **(860) 679-2795**. Our FAX line is (860) 679-4237.

### PHYSICIAN SERVICES

This bill reflects your JOHN DEMPSEY HOSPITAL charges only. It does not reflect charges for physician services. Calls regarding your physician's bill should be made to UNIVERSITY PHYSICIANS at (860) 679-2689 or to your private physician who is not employed by UCONN Health Center.

### E-mail address

You may e-mail this office at [jdhpatientfinancialservices@uchc.edu](mailto:jdhpatientfinancialservices@uchc.edu) with any concerns or questions you have on your account. We will reply to you within 2 business days.

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UNC

0603404033  
24 CHCCNP1 06403



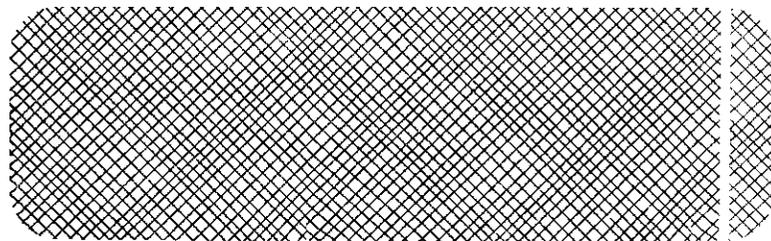
FROM \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



PLACE  
STAMP  
HERE



FROM

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Put Stamp here.  
The Post Office  
will not deliver  
mail without  
postage.

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
CTR FOR IMPLANT & RECONSTRUCTIVE DENTISTRY  
MC2823  
263 FARMINGTON AVE  
FARMINGTON CT 06030





University of Connecticut Health Center  
Center for Implant and Reconstructive Dentistry  
263 Farmington Avenue  
Farmington, Connecticut 06030 - 2823



**MAKE CHECK PAYABLE TO:**

Elena Nazarova D.M.D. , Ph.D  
 263 FARMINGTON AVE.  
 FARMINGTON, CT 060302823

PHONE: 860-679-7600

DATE	DUE DATE	PAY THIS AMOUNT	ACCOUNT#
04 /05/2013	04-20-2013	\$ 210.00	T01460634

**STATEMENT**

PAID AMOUNT \$

Fold Back  
 ← Here

**RESPONSIBLE PARTY:**

JENNIFER WOLF  
 3 RIGGS AVE  
 WEST HARTFORD, CT 06110

**REMIT TO:**

Elena Nazarova D.M.D. , Ph.D  
 263 FARMINGTON AVE.  
 FARMINGTON, CT 060302823

Please check box if your address has changed and indicate it above.

↓ Detach and return top portion with your payment. ↓

DATE	PATIENT	DESCRIPTION	CHARGE	CREDIT
04-01-2013	JENNIFER	PERIODIC EVAL	75.00	
04-01-2013	JENNIFER	PROPHY ADULT	80.00	
04-01-2013	JENNIFER	BITEWINGS 4 FILMS	55.00	
04-01-2013	JENNIFER	Filed:D: E* UNITED HEALTHCARE	210.00	
04-05-2013	JENNIFER	STATEMENT PROCESSED Bal=210.0		

THIS IS A FRIENDLY REMINDER TO PLEASE  
 REMIT YOUR PAYMENT AS SOON AS POSSIBLE.  
 IF YOU HAVE ANY QUESTIONS PLEASE CONTACT  
 OUR OFFICE. THANK YOU.

**BALANCE:** \$ 210.00  
**ESTIMATED INSURANCE:** \$ 0.00  
**DUE NOW:** \$ 210.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	120 DAYS	BALANCE
210.00	0.00	0.00	0.00	0.00	210.00



**UNIVERSITY DENTISTS**  
 263 FARMINGTON AVE  
 FARMINGTON CT 06030-2820

Business Hours: 8:30 am to 5:00 pm  
 Billing Inquiries: (860) 679-2429  
 Oral Surgery Billing Only: (860) 679-4005  
 Orthodontic Billing Only: (860) 679-3439

91202 - 1

ROGER TEST  
 3199-6 EAST MAIN STREET  
 ANYTOWN CT 12345

<input type="checkbox"/> VISA 		<input type="checkbox"/> MASTERCARD 
CARD NUMBER:		EXPIRATION DATE:
SIGNATURE:		3 DIGIT CODE ON BACK OF CARD:
STATEMENT DATE 06/30/10	PAY THIS AMOUNT \$772.80	ACCOUNT # ██████████
<i>CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.</i>		<b>SHOW AMOUNT PAID HERE:</b> <i>\$00000000</i>

MAKE CHECKS PAYABLE/REMIT TO:

UNIVERSITY DENTISTS  
 263 FARMINGTON AVE  
 FARMINGTON CT 06030-2820



Page 1 of 1

Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.  
 TO ENSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE WRITE ACCOUNT NUMBER ON CHECK.

**STATEMENT**

Date of Service	Provider Name	TRN Type	Proc Code	Description of Service	Date Ins Filed	Transaction Amount
BALANCE FORWARD						\$0.00
06/29/10	SAFAVI	CHG	03330	RCT MOLAR	0000	\$966.00
06/30/10	SAFAVI	PMT	00000		0000	-\$193.20 CR

Total Account Balance \$772.80  
 Amount Pending from Insurance \$0.00  
 Amount for Procedures Not Yet Completed \$0.00  
 Patient Balance Due \$772.80  
 Payment Due By 07/30/10

Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Over 150 Days	Over 180 Days
\$772.80	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Business Hours: 8:30 am to 5:00 pm  
 Billing Inquiries: (860) 679-2429  
 Oral Surgery Billing Only: (860) 679-4005  
 Orthodontic Billing Only: (860) 679-3439  
 Closing Date: 06/30/10  
 Patient Account #: 0003996412

Amount Due

\$772.80

**STATEMENT**  
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



91202-D1-1



**UCONN SCHOOL OF DENTAL MEDICINE**  
 263 FARMINGTON AVE  
 FARMINGTON CT 06030-2105

Billing Inquiries: (860) 679-2464  
 Business Hours: 8:00 am to 5:00 pm

ROGER TEST  
 36 MAIN STREET  
 ANYTOWN CT 06030

91254 - 1

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> DISCOVER
CARD NUMBER:		EXPIRATION DATE:
SIGNATURE:		3 DIGIT CODE ON BACK OF CARD:
STATEMENT DATE 02/26/10	PAY THIS AMOUNT \$104.00	ACCOUNT # 0000000000
CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT.		SHOW AMOUNT PAID HERE:

MAKE CHECKS PAYABLE/REMIT TO:

UCONN SCHOOL OF DENTAL MEDICINE  
 263 FARMINGTON AVE  
 FARMINGTON CT 06030-2105



Please check box if above address is incorrect or insurance information has changed, and indicate change(s) on reverse side.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE.  
 TO ENSURE PROPER CREDIT TO YOUR ACCOUNT PLEASE WRITE ACCOUNT NUMBER ON CHECK.

**STATEMENT**

Date of Service	Provider Name	TRN Type	Proc Code	Description of Service	Date Ins Filed	Transaction Amount
				BALANCE FORWARD		\$0.00
01/21/10	CLINIC DR	CHG	10330	PANORAMIC	0000	\$104.00
01/21/10	CLINIC DR	CHG	10334	PAN-TECH ASSISTING	0000	\$0.00

Total Account Balance \$104.00  
 Amount Pending from Insurance \$0.00  
 Amount for Procedures Not Yet Completed \$0.00  
 Patient Balance Due \$104.00  
 Payment Due By 03/25/10

Current	Over 30 Days	Over 60 Days	Over 90 Days	Over 120 Days	Over 150 Days	Over 180 Days
\$104.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

PAYMENT IS DUE AT THE COMPLETION OF EACH VISIT	Billing Inquiries: (860) 679-2464 Business Hours: 8:00 am to 5:00 pm Closing Date: 02/26/10 Patient Account #: 0000000000	Amount Due
		\$104.00

**STATEMENT**  
 SEE REVERSE SIDE FOR IMPORTANT BILLING INFORMATION



ATTACHMENT #2

UNIVERSITY PHYSICIANS  
STATEMENT INSTRUCTIONS

The Account Status bills listed below should be handled in the following manner:

ACCOUNT STATUS

Standard Account Status=**REG**

Bad Risk=**BR**

**\*Fold, insert into #10 Window envelope**

**\*Insert Return Envelope**

**\*Seal**

**\*Add postage**

**\*Mail out**

\*\*\*\*\*

The Account Status bills listed below should be handled in the following manner:

Special Accounts=**W**

**\*Fold, insert into #10 Window envelope**

**\*Insert Return Envelope**

**\*Also receives insert(we will provide if needed)\*\***

**\*Seal**

**\*Add Postage**

**\*Mail out**

\*\*\*\*\*

UNIVERSITY PHYSICIANS  
STATEMENT INSTRUCTIONS

The Account Status bills listed below should be handled in the following manner:

ACCOUNT STATUS

Hold=**H**

Quality of Care=**Q**

Special People=**SP**

Company=**CO**

Student=**STUD**

**\*Flat**

**\*Do not Stuff**

**\*Place in large envelope**

**\*Label envelope as "SPECIAL" ATTN: Tim Manke**

**\*Send back to University Physicians**

\*\*\*\*\*



<b>ACCOUNT TOTAL</b>	=	<b>INSURANCE PENDING</b>	+	<b>AMOUNT NOW DUE</b>			<b>PAY AMOUNT NOW DUE</b>		
				CURRENT	30 TO 60 DAYS	OVER 60 DAYS			
<b>PATIENT'S NAME:</b>			<b>ACCOUNT NUMBER</b>	<b>CLOSING DATE</b>				<b>ON OR BEFORE</b>	

**IMPORTANT MESSAGE REGARDING YOUR ACCOUNT**

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION

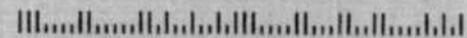


FROM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Put Stamp here.  
The Post Office  
will not deliver  
mail without  
postage.

UNIVERSITY PHYSICIANS  
P O BOX 660  
HARTFORD CT 06142-0660





UNIVERSITY OF CONNECTICUT HEALTH CENTER

368 Prospect Street

Storrs, CT 06269

Telephone: (860) 405-3000

ADDRESS SERVICE REQUESTED

**STATE OF CONNECTICUT  
COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES**

**NOTICE CONCERNING CONTRACT COMPLIANCE RESPONSIBILITIES**

**TO ALL LABOR UNIONS, WORKERS REPRESENTATIVES AND VENDORS:**

Any contract this contractor has with the State of Connecticut or political subdivisions of the state, other than municipalities, shall be performed in accordance with CONN. GEN. STAT. Section 4a-60 and Section 4a-60a.

This means that this contractor:

1. Agrees to provide the Commission on Human Rights and Opportunities (CHRO) with any information concerning this contractor's employment practices and procedures which relates to the Commission's responsibilities under CONN. GEN. STAT. Sections 4a-60 or 46a-56 or Section 4a-60a.; and
2. Agrees to include the provisions of CONN. GEN. STAT. Section 46a-60(a) and Section 4a-60a in each and every subcontract and purchase order and to take whatever action the CHRO deems necessary to enforce these provisions.

WITH REGARD TO RACE, COLOR, RELIGIOUS CREED, AGE, MARITAL STATUS, NATIONAL ORIGIN, ANCESTRY, SEX, MENTAL RETARDATION OR PHYSICAL DISABILITY, this means that this contractor:

1. Shall not discriminate or permit discrimination against anyone;
2. Shall take affirmative action so that persons applying for employment are hired on the basis of job-related qualifications and that employees once hired are treated without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, unless the contractor can show that the disability prevents performance of the work involved;
3. Shall state in all advertisements for employees that it is an affirmative action-equal opportunity employer;
4. Shall comply with CONN. GEN. STAT. Sections 4a-60, 46a-68e and 46a-68f and with each regulation or relevant order issued by the CHRO under CONN. GEN. STAT. Sections 46a-56, 46a-68e and 46a-68f; and
5. Shall make, if the contract is a public works contract, good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials.

**WITH REGARD TO SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION:**

1. The contractor will not discriminate or permit discrimination against anyone, and employees will be treated without regard to their sexual orientation, gender identity or expression once employed; and
2. The contractor agrees to fully comply with Section 4a-60a and each regulation or relevant order issued by the CHRO under CONN. GEN. STAT. Section 46a-56.

Persons having questions about this notice or their rights under the law are urged to contact the:

COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES  
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE UNIT  
25 Sigourney Street  
Hartford, Connecticut 06106  
860-541-4709

COPIES OF THIS NOTICE SHALL BE POSTED IN CONSPICUOUS PLACES  
AVAILABLE TO ALL EMPLOYEES AND APPLICANTS FOR EMPLOYMENT

**COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES  
CONTRACT COMPLIANCE REGULATIONS  
NOTIFICATION TO BIDDERS**

(Revised 09/17/07)

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 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding 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 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) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

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

- (a) the bidder’s success in implementing an affirmative action plan;
- (b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;
- (c) the bidder’s promise to develop and implement a successful affirmative action plan;
- (d) the bidder’s submission of employment statistics contained in the “Employment Information Form”, indicating that 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.

**INSTRUCTIONS AND OTHER INFORMATION**

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder’s good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) **Definition of Small Contractor**

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding ten million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

## 2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

**MANAGEMENT:** Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.

**BUSINESS AND FINANCIAL OPERATIONS:** These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.

**MARKETING AND SALES:** Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.

**LEGAL OCCUPATIONS:** In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.

**COMPUTER SPECIALISTS:** Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists

**ARCHITECTURE AND ENGINEERING:** Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.

**OFFICE AND ADMINISTRATIVE SUPPORT:** All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).

**BUILDING AND GROUNDS CLEANING AND MAINTENANCE:** This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.

**CONSTRUCTION AND EXTRACTION:** This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category..

**INSTALLATION, MAINTENANCE AND REPAIR:** Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.

**MATERIAL MOVING WORKERS:** The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.

**PRODUCTION WORKERS:** The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information)

<p><u>White</u> (not of Hispanic Origin)- All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><u>Black</u>(not of Hispanic Origin)- All persons having origins in any of the Black racial groups of Africa.</p> <p><u>Hispanic</u>- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>	<p><u>Asian or Pacific Islander</u>- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p><u>American Indian or Alaskan Native</u>- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>
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**BIDDER CONTRACT COMPLIANCE MONITORING REPORT**

**PART I - Bidder Information**

<p>Company Name Street Address City &amp; State Chief Executive</p>	<p>Bidder Federal Employer Identification Number _____ (Last 4 digits only) Or Social Security Number _____ (Last 4 digits only)</p>
<p>Major Business Activity (brief description)</p>	<p>Bidder Identification (response optional/definitions on page 1)</p> <p>-Bidder is a small contractor. Yes__ No__ -Bidder is a minority business enterprise Yes__ No__ (If yes, check ownership category) Black__ Hispanic__ Asian American__ American Indian/Alaskan Native__ Iberian Peninsula__ Individual(s) with a Physical Disability__ Female__</p>
<p>Bidder Parent Company (If any)</p>	<p>- Bidder is certified as above by State of CT Yes__ No__</p>
<p>Other Locations in Ct. (If any)</p>	<p>- DAS Certification Number _____</p>

**PART II - Bidder Nondiscrimination Policies and Procedures**

<p>1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes__ No__</p>	<p>7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 &amp; 4a-60a Conn. Gen. Stat.? Yes__ No__</p>
<p>2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes__ No__</p>	<p>8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes__ No__</p>
<p>3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes__ No__</p>	<p>9. Does your company have a mandatory retirement age for all employees? Yes__ No__</p>
<p>4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes__ No__</p>	<p>10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes__ No__ NA__</p>
<p>5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes__ No__</p>	<p>11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes__ No__ NA__</p>
<p>6. Does your company have a collective bargaining agreement with workers? Yes__ No__ 6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes__ No__ 6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct? Yes__ No__</p>	<p>12. Does your company have a written affirmative action Plan? Yes__ No__ If no, please explain.</p> <p>13. Is there a person in your company who is responsible for equal employment opportunity? Yes__ No__ If yes, give name and phone number. _____ _____</p>

**Part III - Bidder Subcontracting Practices**

(Page 4)

1. Will the work of this contract include subcontractors or suppliers? Yes\_\_ No\_\_

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above?

Yes\_\_ No\_\_

**PART IV - Bidder Employment Information**

Date:

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	male	female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Bldg/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation, Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

\*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

**PART V - Bidder Hiring and Recruitment Practices**

(Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification  (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)
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**SEEC FORM 10**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/11

Page 1 of 3



## Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

### *Acknowledgement of Receipt of Explanation of Prohibitions for Incorporation in Contracting and Bidding Documents*

This notice is provided under the authority of Connecticut General Statutes §9-612(g)(2), as amended by P.A. 10-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page).

### CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract* or *state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall **knowingly solicit** contributions from the state contractor's or prospective state contractor's employees or from a *subcontractor* or *principals of the subcontractor* on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

### DUTY TO INFORM

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

### PENALTIES FOR VIOLATIONS

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

**Civil penalties**—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

**Criminal penalties**—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

### CONTRACT CONSEQUENCES

In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may result in the contract being voided.

In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.



# SEEC FORM 10

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/11

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## DEFINITIONS

“State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. “State contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Prospective state contractor” means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. “Prospective state contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Principal of a state contractor or prospective state contractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has *managerial or discretionary responsibilities with respect to a state contract*, (v) the spouse or a *dependent child* who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

“State contract” means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. “State contract” does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.

“State contract solicitation” means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

“Subcontractor” means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. “Subcontractor” does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Principal of a subcontractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.



**SEEC FORM 10**

CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION

Rev. 1/11

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**ACKNOWLEDGEMENT OF RECEIPT**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**NAME OF SIGNER**

First Name	MI	Last Name	Suffix
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**TITLE**

**COMPANY NAME**

Additional information may be found on the website of the State Elections Enforcement Commission,  
[www.ct.gov/seec](http://www.ct.gov/seec)  
 Click on the link to "Lobbyist/Contractor Limitations"

Buyer

Telephone Number

E-mail Address

Fax Number

**STATE OF CONNECTICUT**  
**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**



<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b> EST	<b>RFP SURETY:</b>
<b>RFP TITLE:</b>			

In an effort to streamline the bidding & contracting process, the University of Connecticut Health Center is now accepting certain documents electronically via the State of Connecticut DAS Business Network (BizNet). The chart below identifies which documents are required during the bid and contract process. **The green highlighted row displays the documents that are required prior to submission of your proposal.**

<b>WHEN TO UPLOAD ON BIZNET</b>	<b>REQUIRED OPM ETHICS FORMS &amp; NON-DISCRIMINATION CERTIFICATION TO BE SIGNED BY CONTRACTOR</b>		
	<i>ALL Contracts regardless of cost or value</i>	<i>ALL Contracts cost or value \$50,000 or more</i>	<i>LARGE Contracts cost \$500,000 or more</i>
<b><u>Prior to</u></b> bid/proposal submission	Non-Discrimination Certification	OPM Ethics Form 5	OPM Ethics Form 6
<b><u>At time of</u></b> contract execution	Non-Discrimination Certification	OPM Ethics Form 1	
<b><u>After</u></b> contract execution, no later than 15 days after the request of such agency, institution or quasi-public agency for such affirmation from subcontractors & consultants when applicable.			OPM Ethics Form 6
No later than 14 days <b><u>after</u></b> the twelve-month anniversary of the most recently filed and/or updated representation or documentation	Non-Discrimination Certification	OPM Ethics Form 1	
No later than 30 days <b><u>after</u></b> the effective date of such change to the most recently filed document.	Non-Discrimination Certification	OPM Ethics Form 1 OPM Ethics Form 5	OPM Ethics Form 6

**Only the following affidavit and certification forms may be uploaded on BizNet:**

- OPM Ethics Form 1 – Gift & Campaign Contribution Certification
- OPM Ethics Form 5 – Consulting Agreement Affidavit
- OPM Ethics Form 6 – Affirmation of Receipt of State Ethics Laws Summary
- Non-discrimination Certification Form A – Representation by Individual (Regardless of Value)
- Non-discrimination Certification Form B – Representation by Entity (Valued at \$50,000 or less)
- Non-discrimination Certification Form C – Affidavit by Entity (Valued at \$50,000 or more)
- Non-discrimination Certification Form D – New Resolution by Entity
- Non-discrimination Certification Form E – Prior Resolution by Entity

Instead of submitting these documents in hard copy every time you submit a bid/proposal or sign a contract with the State of Connecticut, you can upload them electronically and have them made available to all State of Connecticut Agencies. Documents must only be updated on a yearly basis, or if any changes to the submitted information occur.

Prior to uploading forms onto the BizNet system, companies are required to setup a profile on BizNet at the following website: <https://www.biznet.ct.gov/AccountMaint/Login.aspx>. For instructions on how to upload the documents visit the following website: <http://das.ct.gov/images/1090/Upload%20Instructions.pdf>. If you are certified through the State of CT Supplier Diversity or the Pre-Qualification Program, you have already created a BizNet account.

To obtain a copy of OPM Ethics Forms and for information on which form to complete, please access the State of CT Office of Policy & Management’s website at: <http://www.ct.gov/opm/cwp/view.asp?a=2982&q=386038>.

To obtain a copy of Non-discrimination Certification Forms and for information on which form to complete, please access the State of CT Office of Policy & Management’s website at: [http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav\\_GID=1806](http://www.ct.gov/opm/cwp/view.asp?a=2982&q=390928&opmNav_GID=1806).

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**FORM A, B OR C – NON-DISCRIMINATION CERTIFICATION**

I \_\_\_\_\_ being a duly authorized representative of \_\_\_\_\_  
*NAME OF AUTHORIZED PERSON* *COMPLETE LEGAL BUSINESS NAME*

hereby certifies that I/We have signed and completed the required Non-discrimination Certification and uploaded it on BizNet.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OPM ETHICS FORM 5 – CONSULTING AGREEMENT AFFIDAVIT**

I \_\_\_\_\_ being a duly authorized representative of \_\_\_\_\_  
*NAME OF AUTHORIZED PERSON* *COMPLETE LEGAL BUSINESS NAME*

hereby certifies that I/We have signed and completed the required OPM Ethics Form 5 and uploaded it on BizNet.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OPM ETHICS FORM 6 – AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY (only if applicable)**

I \_\_\_\_\_ being a duly authorized representative of \_\_\_\_\_  
*NAME OF AUTHORIZED PERSON* *COMPLETE LEGAL BUSINESS NAME*

hereby certifies that I/We have signed and completed the required OPM Ethics Form 6 and uploaded it on BizNet.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Buyer

Telephone Number

E-mail Address

Fax Number

**STATE OF CONNECTICUT**  
**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**



<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b> <b>EST</b>	<b>RFP SURETY:</b>
<b>RFP TITLE:</b>			

The following Terms and Conditions govern all Requests for Proposals issued by the University of Connecticut Health Center (“UCHC”). Incorporated by reference into these Terms and Conditions are applicable provisions of the Connecticut General Statutes, including but not limited to, those in Title 4a, Chapter 58; Title 10a, Chapter 185b, Sections 10a-151a and 10a-151b; and applicable provisions of the Regulations of Connecticut State Agencies, including but not limited to, those that begin with and follow Section 4a-52-1.

Proposers shall comply with the statutes and regulations as they exist on the date of their proposal and as they may be adopted or amended from time to time.

**Submission of Proposals**

- Proposals must be submitted to and received and stamped physically or electronically as received by UCHC Procurement Operations & Contracts on such forms as UCHC may make available. Telephone or facsimile proposals will not be accepted in response to a Request for Proposals (“RFP”).
- The time and date proposals are due is given in each RFP. Proposals received after the specified due date and time given in each RFP shall not be considered and shall be returned unopened. RFP envelopes must clearly indicate the RFP number as well as the date and time that the proposal is due. The name and address of the Proposer should appear in the upper left hand corner of the envelope.
- Incomplete RFP forms may result in the rejection of proposals. Amendments to proposals received by

UCHC after the due date and time specified shall not be considered. Proposals shall be computer prepared, typewritten or handwritten in ink. Proposals submitted in pencil shall be rejected. All proposals shall be signed by a person duly authorized to sign proposals on behalf of the Proposer. Unsigned proposals may be rejected at UCHC’s sole discretion. Errors, alterations or corrections on both the original and any copies of the price schedule to be returned must be initialed by the person signing the proposal or their authorized designee. If an authorized designee initials the correction, there must be written authorization from the person signing the proposal to the person initialing the erasure, alterations, or correction. Failure to do so shall result in rejection of the proposal for those items erased, altered or corrected and not appropriately initialed.

- Conditional proposals are subject to rejection in whole or in part. A conditional proposal is one which limits, modifies, expands or supplements any of the terms conditions and/or specifications of the RFP, including the terms & conditions of the sample standard contract attached hereto.
- Alternate proposals will not be considered. An alternate proposal is defined as one which is submitted in addition to the proposer’s primary response to the RFP.
- In the event of a discrepancy between the unit price and the extension, the unit price shall govern. Prices should be extended in decimal, not fraction. Prices are to be net, and shall include transportation and delivery charges fully prepaid by the proposer to the destination specified in the proposal, and subject only to cash discount.

7. Pursuant to Section 12-412 of the Connecticut General Statutes, the State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal Government and/or the State. Such taxes must be excluded from proposal prices.
8. All proposals are subject to public inspection after the execution of the contract.
9. The successful proposer shall be bound by the terms and conditions of the form contract that is attached to the RFP, or such terms as are modified by formal agreement of the parties.
10. By its submission, the proposer represents that the proposal is not made in connection with any other proposer submitting a proposal for the same commodity or commodities and is in all respects fair and without collusion or fraud.

**Conformity and Completeness of Proposals**

11. To be considered acceptable, proposals must be complete and conform to all RFP instructions and conditions. UCHC, at its discretion, may reject in whole or in part any proposal if in its judgment the best interests of UCHC will be served by doing so.

**Independent Price Determination**

12. In the proposals, proposers must warrant, represent, and certify that the following requirements have been met in connection with this RFP:
  - a. The costs proposed have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to such process with any other organization or with any competitor.
  - b. Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the proposer on a prior basis directly or indirectly to any other.
  - c. No attempt has been made, or will be made, by the proposer to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.

**Stability of Proposed Prices**

13. Any price offerings from proposers must be valid for a period of 180 days from the due date of the proposal at UCHC's sole discretion.

**Amendment or Cancellation**

14. UCHC reserves the rights to cancel, amend, modify or otherwise change this RFP at any time if it deems it to be in the best interest of UCHC to do so.

**Proposal Modifications**

15. No additions or changes to any proposal will be allowed after the proposal due date, unless such modification is specifically requested by UCHC. UCHC, at its option, may seek proposer retraction and/or clarification of any discrepancy or contradiction found during its review of proposals.

**Proposer Presentation of Supporting Evidence**

16. Proposers must be prepared to provide any evidence of experience, performance, ability, and/or financial surety that UCHC deems to be necessary or appropriate to fully establish the performance capabilities represented in their proposals.

**Proposal Expenses**

17. Proposers are responsible for all costs and expenses incurred in the preparation of proposals and for any subsequent work on the proposal that is required by UCHC.

**Ownership of Proposals**

18. All proposals shall become the sole property of UCHC and will not be returned.

**Ownership of Subsequent Products**

19. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of UCHC unless otherwise stated in the contract.

**Samples**

20. The quality of accepted samples does not supersede the specifications for quality in the RFP unless the sample is superior in quality. All deliveries shall have at least the same quality as the accepted sample.

21. Samples shall be furnished free of charge. Proposers must indicate if return of any sample is desired. UCHC shall comply with such request provided samples are returned at proposer's sole cost and expense, DAP proposer's destination, and that they have not been made useless by testing. If they are made useless by testing, the State may dispose of the samples as it deems to be appropriate. Samples may be held for comparison with deliveries.

#### **Guaranty or Surety**

22. Proposal and/or performance bonds may be required. Bonds must meet the following requirements: Corporation - must be signed by an official of the corporation above their official title and the corporate seal must be affixed over the signature; Firm or Partnership - must be signed by all the partners and indicate they are "doing business as"; Individual - must be signed by the owner and indicated as "Owner". The surety company executing the bond or countersigning must be licensed in Connecticut and the bond must be signed by an official of the surety company with the corporate seal affixed over their signature. Signatures of two witnesses for both the principal and the surety must appear on the bond. Power of attorney for the official signing the bond for the surety company must be submitted with the bond.

#### **Award**

23. A contract will be awarded (subject to the conditions of Section 29, below) to the proposer or proposers whose proposals UCHC deems to be the most advantageous to the State, in accordance with the criteria set forth within the RFP, taking into account the quality of the goods or services to be supplied, their conformance with specifications, delivery terms, price, administrative costs, past performance, and financial responsibility.

24. UCHC may reject the proposal of any proposer who is in default of any prior contract or is guilty of misrepresentation or any proposer with a member of its firm in default or guilty of misrepresentation.

25. UCHC may, in accordance with and pursuant to the Regulations of Connecticut State Agencies may correct inaccurate awards resulting from clerical or administrative errors.

26. UCHC reserves the right to make an award to multiple Suppliers.

27. Proposer has ten days after notice of award to refuse acceptance of the award; at UCHC's sole discretion, after ten days the award may be binding on the proposer. If the proposer refuses acceptance of the award within the ten-day period, the award will be made to the next proposer or proposers whose proposal(s) UCHC deems to be the most advantageous to the State, in accordance with the criteria set forth in the RFP.

28. UCHC reserves the right to correct inaccurate awards. This may include, in extreme circumstances, revoking the award of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of UCHC shall not constitute a breach of contract on the part of UCHC since the contract with the initial proposer is deemed to be void and of no effect as if no contract ever existed between UCHC and such proposer.

29. The award will be contingent upon the successful proposer's acceptance of all of the required terms and conditions in UCHC's standard contract and execution of the applicable required State of Connecticut certifications and affidavits. A sample standard contract and samples of the required forms are attached hereto.

30. UCHC's Affirmative Action, Non-Discrimination and Equal Opportunity Policy are set forth in UCHC Policy Number 2002-44. UCHC will not knowingly do business with any bidder, contractor, subcontractor or supplier of materials who discriminates against members of any class protected under Sections 4a-60 or 4a-60a of the Connecticut General Statutes.

#### **Compliance**

31. All purchases will be in compliance with any applicable federal laws and the laws of the State of Connecticut. Specifically and without limiting the foregoing, this proposal is subject to the provisions of the following Statutes and Executive Orders:

- a. Connecticut General Statutes Sec. 22a-194. Definition of controlled substance. As used in sections 22a-194a to 22a-194g, inclusive, "controlled substance" means a controlled substance under Annex A, Group 1 of the Montreal Protocol on Substances that Deplete the Ozone Layer, signed September 16, 1987, as may be amended.

- b. For all State contracts as defined in Public Act 10-1 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this Agreement expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice as enclosed.
- c. Executive Order No. Three of Governor Thomas J. Meskill promulgated June 16, 1971 requires nondiscrimination clauses in state contracts.
- d. Executive Order No. Seventeen of Governor Thomas J. Meskill promulgated February 15, 1973 requires contractors and subcontractors having a contract with the state or any business entity having business with the state or which seeks to do business with the state, and every bidder or prospective bidder who submits a bid or replies to an Request for Proposal on any state contract shall list all employment openings with the office of the Connecticut State Employment Service.
- e. Executive Order No. Sixteen of Governor John G. Rowland promulgated August 4, 1999 regarding Violence in the Workplace Prevention Policy.
- f. Executive Order No. Fourteen of Governor M. Jodi Rell promulgated April 17, 2006 states that contractors shall use cleaning and/or sanitizing products having properties that minimize potential impacts on human health and the environment, consistent with maintaining clean and sanitary facilities.
- g. Executive Order No. 7C of Governor M. Jodi Rell promulgated July 13, 2006 establishes the State Contracting Standards Board to address the state's vulnerabilities in the selection and procurement processes to avoid improprieties, favoritism, unfair practices or ethical lapses in state contracting.

- John Dempsey Hospital Policies and Procedures**
- 32. Proposer will comply with John Dempsey Hospital policies and procedures, as well as all applicable laws, ordinances, rules regulations, standards, and orders of governmental, regulatory and accrediting bodies, including but not limited to the Joint Commission, having jurisdiction in the premises that are applicable to health care organizations and programs.

**State Fiscal and Product Performance Requirements**

- 33. Any product or services acquisition resulting from this RFP must be contingent upon contractual provisions for cancellation of such acquisition, without penalty, if the applicable funds are not available for required payment or if the product or services fail to meet the minimum State criteria for acceptance or performance reliability.

**Validation of Proposals**

- 34. Each proposal shall be a binding commitment which UCHC may incorporate, by reference or otherwise, into any contract with that proposer. The proposals must provide the names, titles, addresses and telephone numbers of those individuals with authority to negotiate a contract with UCHC and contractually bind the proposer. The proposal must also include evidence that is has been duly delivered on the part of the proposer, that the persons submitting the proposal have the requisite corporate power and authority to structure, compile, draft, submit and deliver the proposal and subsequently to enter into, execute, deliver and perform on behalf of the proposer any contract contemplated in this RFP.

**Oral Agreement or Arrangements**

- 35. Any alleged oral agreements or arrangements made by proposers with UCHC employees will be disregarded in any UCHC proposal evaluation or associated award.

**Offer of Gratuities/Conflict of Interest**

- 36. The proposer warrants, represents, and certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Should the proposer become aware of a potential conflict of interest, UCHC shall be notified immediately. Any contract and/or award arising from this RFP may be terminated by UCHC if it is determined that gratuities of any kind were either offered to, or received by, any of the aforementioned officials or employees from the proposer or the proposer's agent(s), representative(s) or employee(s).

**Subletting or Assigning of Contract**

37. UCHC must approve any and all subcontractors utilized by the successful proposer prior to any such subcontractor commencing any work. Proposers acknowledge by the act of submitting a proposal that any work to be provided under the contract is work conducted on behalf of UCHC and that the Assistant Director of Procurement or his designee may communicate directly with any subcontractor as UCHC deems to be necessary or appropriate. It is also understood that the successful proposer shall be responsible for all payment of fees charged by the subcontractor(s). A performance evaluation of any subcontractor shall be provided promptly by the successful proposer to UCHC upon request. The successful proposer must provide the majority of services described in the specifications.
38. A contract award or contract resulting from the RFP solicitation may not be assigned by the proposer without the express written permission of UCHC.

**Freedom of Information**

39. Due regard will be given for the protection of proprietary or confidential information contained in all proposals received. However, proposers should be aware that all materials associated with the procurement are subject to the terms of the Connecticut Freedom of Information Act (FOIA) and all rules, regulations and interpretations resulting there from. It will not be sufficient for proposers to merely state generally that the proposal is proprietary or confidential in nature and not, therefore, subject to release to third parties. Those particular sentences, paragraphs, pages or sections which a proposer believes to be exempt from disclosure under the FOIA must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption consistent with Section 1-210 of the FOIA must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Proposer that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. In no event shall UCHC have any liability for the disclosure of any documents or information in its possession which UCHC believes are required to be disclosed pursuant to FOIA or other requirements of law.

**Execution of Contract and Required State of Connecticut Forms**

40. This RFP is not a contract and, alone, shall not be interpreted as such. Rather, this RFP serves as the instrument through which proposals are solicited. Once the evaluation of the proposals is complete and a proposer(s) is selected, the elected proposal(s) and this RFP may then serve as the basis for a contract that will be negotiated and executed between UCHC and the selected proposer(s). This RFP and the proposal may be attached to the contract as exhibits. If for some reason, UCHC and the initial proposer selected fail to reach consensus on the issues relative to the contract, UCHC may commence contract negotiations with other proposers. UCHC may decide at any time to start the RFP process again.
41. A sample of UCHC's standard contract and samples of the required State of Connecticut certifications and affidavits are attached to this RFP. By submitting a proposal, the proposer acknowledges that it has read all of the attached documents, and that it understands that the successful proposer(s) will be expected to sign the standard contract and all of the applicable required forms. Refusal to do so may result in the contract being awarded to the next proposer or proposers whose proposal(s) UCHC deems to be the most advantageous to the State, in accordance with the criteria set forth in the RFP.
42. Section 4a-81 of the Connecticut General Statutes (the "Act") requires that this solicitation include a notice of the consulting affidavit requirements described in the Act. Accordingly, pursuant to the Act, Suppliers are notified as follows: (a) No state agency shall execute a contract for the purchase of goods or services, which contract has a total value to the state of fifty thousand dollars or more in any calendar or fiscal year, unless the state agency obtains the written affidavit described in subsection (b) of this section. (b) (1) The chief official of the Supplier awarded a contract described in subsection (a) of this section or the individual awarded such contract who is authorized to execute such contract, shall attest in an affidavit as to whether any consulting agreement has been entered into in connection with such contract. Such affidavit shall be required if any duties of the consultant included communications concerning business of such state agency, whether or not direct contact with a state agency, state or public official or state employee was expected or made. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing

## RFP TERMS AND CONDITIONS

counsel to a contractor, Supplier, 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 or 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 Chapter 10 of the Connecticut General Statutes concerning the State's Codes of Ethics, as of the date such affidavit is submitted. (2) Such affidavit shall be sworn as true to the best knowledge and belief of the person signing the certification on the affidavit and shall be subject to the penalties of false statement. (3) Such affidavit shall include the name of the consultant, the consultant's firm, the basic terms of the consulting agreement, a brief description of the services provided, and an indication as to whether the consultant is a former state employee or public official. If the consultant is a former state employee or public official, such affidavit shall indicate his or her former agency and the date such employment terminated. (4) Such affidavit shall be amended whenever the Supplier awarded the contract enters into any new consulting agreement during the term of the contract. (c) If a Supplier refuses to submit the affidavit required under subsection (b) of this section, then the state agency shall not award the Contract to such Supplier and shall award the contract to the next highest ranked Supplier or the next lowest responsible qualified bidder or seek new bids or proposals.

43. Section 4-252 of the Connecticut General Statutes (the "Statute") requires that the RFP, of which these terms and conditions are a part, include a notice of the Supplier certification requirements described in the Statute. Accordingly, pursuant to the Statute, Suppliers are notified as follows: (a) The terms "gift," "quasi-public agency," "state agency," "large state contract," "principals and key personnel" and "participated substantially" as used in this section shall have the meanings set forth in the Statute. (b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement. (c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the

contract, shall certify on such forms as the State shall provide: (1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project, services, procurement, and lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the bid or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the bid or proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for the contract, who participated substantially in the preparation of the bid solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency; (2) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and (3) That the person, firm or corporation made the bid or proposal without fraud or collusion with any person. (d) Any bidder or Proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked Proposer or the next lowest responsible qualified bidder or seek new bids or proposals. (e) The date that the state agency or quasi-public agency began planning the project, services procurement, lease or licensing arrangement to be covered by the contract is defined as the RFP release date.

44. With regard to a State contract as defined in Public Act 10-1 having a value in a calendar year of \$50,000 or more or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to this submission in response to the State's solicitation expressly acknowledges receipt of RFP-05 Form, which is the State Elections Enforcement Commission's notice advising prospective state contractors of state campaign contribution and

solicitation prohibitions, and will inform its principals of the contents of the notice.

45. Sections 46a-60 and 46a-81c of the Connecticut General Statutes prohibit discrimination in employment based on an individual's race, color, religious creed, age, sex, marital status, civil union status, sexual orientation, national origin, ancestry, present or past history of mental disability, mental retardation, learning disability or physical disability, including, but not limited to, blindness. Sections 4a-60 and 4a-60a of the Connecticut General Statutes require State contractors to adopt policies in support of Connecticut's non-discrimination laws by means of a resolution of the board of directors, shareholders, managers, members or other governing body of such contractor. Attached to this RFP is a sample Non-Discrimination Certification form. The proposer's submission in response to this RFP is an acknowledgment that the successful proposer will be required to execute and return the Non-Discrimination Certification at the time that the contract is executed. The execution and submittal of this Non-Discrimination Certification is a condition precedent to the State's execution of the contract, unless the contractor is exempt from this statutory requirement, in which case the contractor must obtain a written waiver from the State's Commission on Human Rights and Opportunities.

46. The existence of the contract shall be determined in accordance with the requirements set forth above. However, the award of the contract is not an order to ship. Contractors may not begin to perform under the awarded contract until the Contractor and the State have executed the contract and thereafter the Contractor receives a written purchase order from an appropriate State entity.

#### **Payments under a Contract Award**

47. Under no circumstances shall the successful proposer begin to perform under the contract prior to the effective date of the contract. All payments shall adhere to the payment terms negotiated in the contract award.

#### **Evaluation of Performance**

48. During or after the term of any contract or other agreement that results from this process, UCHC may conduct evaluations of the winning proposer's performance including, but not limited to clinical equipment, supplies and services. The winning proposer may be requested to provide a quality performance metrics and shall cooperate with UCHC in any such evaluations and work with UCHC to correct any deficiencies noted.

Buyer

Telephone Number

E-mail Address

Fax Number

**STATE OF CONNECTICUT**  
**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**



<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b> EST	<b>RFP SURETY:</b>
<b>RFP TITLE:</b>			

**NOTE: This form will be used in assessing a Proposer's qualifications and to determine if the RFP submitted is from a responsible bidder. Factors such as past performance, integrity of the Proposer, conformity to the specifications, etc. will be used in evaluating proposals.**

Name of Firm/Corporation: \_\_\_\_\_

**Please answer the following:**

- How long has the above Firm/Corporation been engaged in business under this name? \_\_\_\_ Years \_\_\_\_ Months
- List any aliases for your Firm/Corporation:  
 \_\_\_\_\_  
 \_\_\_\_\_
- How many employees does your Firm/Corporation have? \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time

**Please check one of the following boxes:**

- If requested, would your Firm/Corporation provide a "good standing" certificate issued by the CT Secretary of State?  
 Yes                       No
- If requested, would your Firm/Corporation provide a most recent copy of your financial statement?  
 Yes                       No

PROPOSER'S STATEMENT OF QUALIFICATIONS

**Please answer the following:**

- List below at least four (4) high value contracts awarded to your Firm/Corporation within the last three (3) years by either a private company or a federal, state or local government agency. If applicable, indicate which State of Connecticut agency and provide the contract name, contract number, and the name of the person administering the contract. *(Attach additional sheets, if necessary)*

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Telephone No.: \_\_\_\_\_  
 Contract No.: \_\_\_\_\_  
 Effective Dates: \_\_\_\_\_

- List any criminal convictions against your Firm/Corporation and any of your officers, principal shareholders, directors, partners, LLC members or LLC managers: *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_

- List any administrative actions either pending review by the State of Connecticut or determinations that the State of Connecticut made within the last three (3) years regarding your Firm/Corporation or any of your officers, principal shareholders, directors, partners, LLC members or LLC managers. This would include court judgments, actions, suits, claims, demands, investigations and legal, administrative or arbitration proceedings pending in any forum. *(Attach additional sheets, if necessary)*

\_\_\_\_\_  
 \_\_\_\_\_

**I hereby certify under penalty of false statement that all the information supplied is complete and true.**

\_\_\_\_\_  
Signature of person authorized to sign on behalf of the above Firm/Corporation

\_\_\_\_\_  
Name of authorized person

\_\_\_\_\_  
Title of authorized person

\_\_\_\_\_  
Date

Buyer

Telephone Number

E-mail Address

Fax Number

**STATE OF CONNECTICUT**  
**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**



<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b> EST	<b>RFP SURETY:</b>
<b>RFP TITLE:</b>			

**UNIVERSITY OF CONNECTICUT HEALTH CENTER BUSINESS ASSOCIATE AGREEMENT**

**Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)**

- (a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.
- (b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. part 160 and part 164, subparts A, C, and E; and
- (c) The State of Connecticut Agency named on page 1 of this Contract (“Agency”) is a “covered entity” as that term is defined in 45 C.F.R. § 160.103; and
- (d) The Contractor is a “business associate” of the Agency, as that term is defined in 45 C.F.R. § 160.103; and
- (e) The Contractor and the Agency agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act (Pub. L. 111-5, §§ 13400 to 13423) (“HITECH Act”), and more specifically with the Privacy and Security Rules at 45 C.F.R. part 160 and part 164, subparts A, C, D and E (collectively referred to herein as the “HIPAA Standards”).
- (f) Definitions.
  - (1) “Breach” shall have the same meaning as the term is defined in section 45 C.F.R. 164.402 and shall also include any use or disclosure of PHI that violates the HIPAA Standards.
  - (2) “Business Associate” shall mean the Contractor.
  - (3) “Covered Entity” shall mean the Agency of the State of Connecticut named on page 1 of this Contract.
  - (4) “Designated Record Set” shall have the same meaning as the term “designated record set” in 45 C.F.R. § 164.501.
  - (5) “Electronic Health Record” shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(5)).

- (6) "Individual" shall have the same meaning as the term "individual" in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).
  - (7) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and part 164, subparts A and E.
  - (8) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, and includes electronic PHI, as defined in 45 C.F.R. 160.103, limited to information created, maintained, transmitted or received by the Business Associate from or on behalf of the Covered Entity or from another Business Associate of the Covered Entity.
  - (9) "Required by Law" shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.
  - (10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.
  - (11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.
  - (12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.
  - (13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R. § 164.304.
  - (14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and part 164, subpart A and C.
  - (15) "Unsecured protected health information" shall have the same meaning as the term as defined in 45 C.F.R. 164.402.
- (g) Obligations and Activities of Business Associates.
- (1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.
  - (2) Business Associate agrees to use and maintain appropriate safeguards and comply with applicable HIPAA Standards with respect to all PHI and to prevent use or disclosure of PHI other than as provided for in this Section of the Contract and in accordance with HIPAA standards.
  - (3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
  - (4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.
  - (5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.
  - (6) Business Associate agrees, in accordance with 45 C.F.R. 502(e)(1)(ii) and 164.308(d)(2), if applicable, to ensure that any subcontractors that create, receive, maintain or transmit protected health information on behalf of the Business Associate, agree to the same restrictions, conditions, and requirements that apply to the Business Associate with respect to such information.

- (7) Business Associate agrees to provide access (including inspection, obtaining a copy or both), at the request of the Covered Entity, and in the time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524. Business Associate shall not charge any fees greater than the lesser of the amount charged by the Covered Entity to an Individual for such records; the amount permitted by state law; or the Business Associate's actual cost of postage, labor and supplies for complying with the request.
- (8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner designated by the Covered Entity.
- (9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created, maintained, transmitted or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary investigating or determining Covered Entity's compliance with the HIPAA Standards.
- (10) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (11) Business Associate agrees to provide to Covered Entity, in a time and manner designated by the Covered Entity, information collected in accordance with subsection (g)(10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly to an Individual in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.
- (12) Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.
- (13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. §§ 164.504(e), 164.308, 164.310, 164.312, and 164.316.
- (14) In the event that an Individual requests that the Business Associate
  - (A) restrict disclosures of PHI;
  - (B) provide an accounting of disclosures of the Individual's PHI;
  - (C) provide a copy of the Individual's PHI in an electronic health record; or
  - (D) amend PHI in the Individual's designated record setthe Business Associate agrees to notify the Covered Entity, in writing, within five business days of the request.
- (15) Business Associate agrees that it shall not, and shall ensure that its subcontractors do not, directly or indirectly, receive any remuneration in exchange for PHI of an Individual without
  - (A) the written approval of the Covered Entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract, and

(B) the valid authorization of the Individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act, (42 U.S.C. § 17935(d)(2)) and in any accompanying regulations.

(16) Obligations in the Event of a Breach.

(A) The Business Associate agrees that, following the discovery by the Business Associate or by a subcontractor of the Business Associate of any use or disclosure not provided for by this Section of the Contract, any breach of unsecured protected health information, or any Security Incident, it shall notify the Covered Entity of such breach in accordance with 45 C.F.R. part 164, subpart D, and this Section of the Contract.

(B) Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than 30 days after the breach is discovered by the Business Associate, or a subcontractor of the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to 45 C.F.R. 164.412. A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate or its subcontractor. The notification shall include the identification and last known address, phone number and email address of each Individual (or the next of kin of the Individual if the Individual is deceased) whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.

(C) The Business Associate agrees to include in the notification to the Covered Entity at least the following information:

1. A description of what happened, including the date of the breach; the date of the discovery of the breach; the unauthorized person, if known, who used the PHI or to whom it was disclosed; and whether the PHI was actually acquired or viewed.
2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).
3. The steps the Business Associate recommends that Individual(s) take to protect themselves from potential harm resulting from the breach.
4. A detailed description of what the Business Associate is doing or has done to investigate the breach, to mitigate losses, and to protect against any further breaches.
5. Whether a law enforcement official has advised the Business Associate, either verbally or in writing, that he or she has determined that notification or notice to Individuals or the posting required under 45 C.F.R. 164.412 would impede a criminal investigation or cause damage to national security and, if so, contact information for said official.

(D) If directed by the Covered Entity, the Business Associate agrees to conduct a risk assessment using at least the information in subparagraphs 1 to 4, inclusive, of (g)(16)(C) of this Section and determine whether, in its opinion, there is a low probability that the PHI has been compromised. Such recommendation shall be transmitted to the Covered Entity within 20 business days of the Business Associate's notification to the Covered Entity.

(E) If the Covered Entity determines that there has been a breach, as defined in 45 C.F.R. 164.402, by the Business Associate or a subcontractor of the Business Associate, the Business Associate, if directed by the Covered Entity, shall provide all notifications required by 45 C.F.R. 164.404 and 45 C.F.R. 164.406.

- (F) Business Associate agrees to provide appropriate staffing and have established procedures to ensure that individuals informed of a breach have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site and a postal address. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.
- (G) Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.
- (h) Permitted Uses and Disclosure by Business Associate.
- (1) General Use and Disclosure Provisions. Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the HIPAA Standards if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.
- (2) Specific Use and Disclosure Provisions
- (A) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.
- (B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.
- (C) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).
- (i) Obligations of Covered Entity.
- (1) Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.
- (2) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual(s) to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.
- (3) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.
- (j) Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Standards if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and

management and administrative activities of Business Associate, as permitted under this Section of the Contract.

(k) Term and Termination.

- (1) Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with provision (g)(10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- (2) Termination for Cause. Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:
  - (A) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or
  - (B) Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or
  - (C) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.
- (3) Effect of Termination.
  - (A) Except as provided in (k)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with section (g)(10) of this Section of the Contract to the Covered Entity within ten business days of the notice of termination. This section shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.
  - (B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.

(l) Miscellaneous Sections.

- (1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.
- (2) Amendment. The Parties agree to take such action as is necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.
- (3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.

- (4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.
- (5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the Contract shall be resolved in favor of a meaning that complies, and is consistent with, the Privacy Standard.
- (6) Disclaimer. Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business Associate’s own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business Associate has disclosed PHI contrary to the sections of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.
- (7) Indemnification. The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments, penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney’s fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this Section of the Contract, under HIPAA, the HITECH Act, and the HIPAA Standards.

Contractor, on behalf of itself, its agents and employees, acknowledges that, as a result of a current or future business relationship with UCHC, it may receive or have access to PHI, including, but not limited to, electronic PHI and patient identifying information.

Contractor recognizes that any such PHI is and shall remain the property of UCHC and agrees that it acquires no title or rights to such PHI, including any de-identified information. Contractor further recognizes and agrees that any breach of confidentiality or misuse of such information may result in the termination of any agreement between UCHC and Contractor, legal action against Contractor, and/or the submission of a report about the breach or misuse to the Secretary of Health and Human Services.

**The Authorized Representative’s signature below indicates that Contractor understands and accepts the University of Connecticut Health Center Business Associate Agreement, as it may be applicable to Contractor now or in the future.**

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Name of Authorized Representative	Title of Authorized Representative
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Signature	Date
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