



**STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
Connecticut Strategic Prevention Framework Coalitions (CSC) Initiative
REQUEST FOR PROPOSALS (RFP)**

The Connecticut Department of Mental Health and Addiction Services (hereafter referred to as DMHAS, or the Department), in its effort to successfully expand the State of Connecticut's prevention infrastructure, requests proposals from qualified private non-profit applicants for the Connecticut Strategic Prevention Framework Coalitions (CSC) Initiative to mobilize community coalitions and implement strategies to address substance abuse.

Submission Instructions

Responses to this RFP must be received by DMHAS no later than 11:59 PM local time on Monday, April 20, 2015. Any response received after this date and time will not be considered.

You must go to the DMHAS website (<http://www.ct.gov/dmhas/rfp>) to access the required documents needed to apply for this DMHAS grant. DMHAS Prevention and Health Promotion Unit applications must be submitted electronically to OOCPreventionApps@ct.gov. DMHAS will not accept paper applications.

You may wish to use the following sources for problems with submissions:

- By e-mail: OOCPreventionApps@ct.gov
- By phone: (860) 418-6809 The DMHAS staff is available Monday-Friday from 8:00 AM to 4:00 PM, excluding state holidays

Please allow sufficient time to submit your application to OOCPreventionApps@ct.gov. When you submit your application, you will receive an email receipt that your application was successfully submitted. If you do not receive a receipt confirmation you must contact the DMHAS staff directly.

It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. DMHAS will reject applications submitted after 11:59 PM on the application due date.

QUESTIONS: To avoid giving one applicant advantage over others, all questions regarding this RFP must be emailed to OOCPreventionApps@ct.gov no later than 11:59 PM local time on Friday, March 20, 2015. Responses to all questions will be posted on the DMHAS website <http://www.ct.gov/dmhas/rfp> no later than close of business Friday, March 27, 2015.

INTENT TO APPLY: DMHAS prefers to receive notice of intent to apply before responding to this RFP. Email the Intent to Apply Form to OOCPreventionApps@ct.gov no later than Monday, April 6, 2015 by 11:59 PM.

For additional submission information refer to section IX of this RFP.

**EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER
MINORITIES AND WOMEN ARE ENCOURAGED TO RESPOND**

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I. Introduction

The Department of Mental Health and Addiction Services (DMHAS) is the state healthcare service agency responsible for health promotion, and the prevention and treatment of mental illness and substance abuse in Connecticut. The single overarching goal of DMHAS is promoting and achieving a quality-focused, culturally responsive, and recovery-oriented system of care. DMHAS' mission statement is "To improve the quality of life of the people of Connecticut by providing an integrated network of comprehensive, effective and efficient behavioral health services that foster self-sufficiency, dignity and respect."

The DMHAS Prevention and Health Promotion (PHP) Unit, within the Statewide Services Division, has the mission to "Reduce the incidence of problem behavior and improve the health and well-being of Connecticut's citizens by maintaining a coordinated effective and accountable system of prevention services." The PHP Unit's vision is to have "A statewide behavioral health prevention system that promotes healthy lifestyles for Connecticut's citizens," that encompasses the overall mission for DMHAS. These are achieved through efforts that reduce risk factors and related problem behaviors, and enhance protective factors and healthy practices that impact substance use/misuse/abuse and poor mental health. When properly performed, reducing even one risk factor or increasing one protective factor can alter the prevalence and severity of a broad range of conditions. The impact of evidence-based prevention efforts are long lasting, cost effective and broad reaching in that they positively impact the individual, family, community and society. In addition to promoting mental health and prevention substance abuse, evidence-based prevention can help decrease hospital stays, costly behavioral health care, suicide, violence and aggression.

In 2005, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) introduced the Strategic Prevention Framework (SPF) as its principal planning process that incorporates the public health model, the socio-ecological model, and community organizing. The five steps of the SPF guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. The effectiveness of this process is founded in a clear understanding of community needs and depends on the involvement of community members, including the focus population, in all stages of the planning process.

The statewide substance abuse prevention and mental health promotion infrastructure, managed by the PHP Unit, is predominantly funded with the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG), and is therefore also driven by the five steps of the SPF. These steps include: 1) conducting an assessment of community needs, resources and readiness; 2) community mobilization and capacity building; 3) planning; 4) implementing evidenced based strategies and practices; and 5) monitoring and evaluating efforts for short and long-term outcomes and continuous quality improvement. The SPF also includes the incorporation of strategies that ensure cultural competence and increase the sustainability of program outcomes over time. The PHP is committed to the SPF planning process and intends to institutionalize it throughout all its funded programs.

This infrastructure continues to grow and advance, and it and its related initiatives, programs and services must stay current and organized to provide accountability-based, developmentally appropriate and culturally sensitive substance abuse prevention and mental health promotion

services, driven by the SPF and other evidence based models that effectively match services to the present needs of the individuals and local communities.

II. Statement of Intent

This RFP is intended to fund coalitions across the state to achieve measureable decreases in substance abuse and improvements in mental health in residents at the community level. Applicants must demonstrate they have experience executing the Strategic Prevention Framework (SPF) or a similar public health planning model that requires needs assessment, capacity building, strategic planning, implementation, evaluation, cultural competency, and sustainability. Applicants are required to have current survey data, identify their collaborating community coalition, and provide commitments of participation from key community stakeholders. Additionally, applicants are encouraged to address mental health promotion when the identified substance abuse priority problem has shared risk factors with poor mental health in the targeted community.

The Connecticut Strategic Prevention Framework Coalitions (CSC) Initiative is funded at \$1,200,000 annually. Starting July 1, 2015 through June 30, 2020 twelve (12) grantees will be funded annually at \$100,000 each. This RFP is directed at agencies collaborating with community coalitions that have experience executing the SPF or a similar public health planning model. Letters of support demonstrating planned coordination and collaboration with the Regional Action Councils and existing coalitions/community groups are required in order to receive funding. Agencies with existing Drug Free Communities (DFC) funding or with pending DFC applications must select a community different from the designated DFC community. This RFP is not open to Wheeler Clinic (Connecticut Clearinghouse), The Governor's Prevention Council, Regional Action Councils, colleges and universities.

III. Program Goals and Objectives

- A. The goals of the CSC Initiative are to prevent the start and reduce the progression of substance abuse and to promote positive mental health at the community level utilizing the Strategic Prevention Framework or similar public health planning model. (see IV A below)
- B. The objectives of the CSC Initiative are directed to:
 - 1. Increase strong collaborations among communities and with State agencies,
 - 2. Achieve measurable long and short term outcomes in reducing substance use and abuse while also promoting mental health in the focused populations,
 - 3. Implement and sustain culturally competent, evidence-based prevention services that address substance abuse and promote mental health.

IV. Required Components

- A. Applicants must demonstrate experience executing the SPF or a similar public health planning model.
- B. Provide a community description that identifies and describes the service area where the CSC Initiative will be implemented to address universal substance abuse prevention efforts.

Summarize why this service area/community was selected and its associated need and readiness.

- C. Identify and describe the coalition within the proposed service area/community that the applicant will partner with to engage in this initiative.
- D. Applicants must exhibit that they have current survey data for their selected community.
- E. Provide an organizational chart and specific managerial plan indicating who will direct and be responsible for the coordination of the program and program deliverables. Identify one full time Program Coordinator with their qualifications and past experience in implementing the SPF or similar public health planning model, or provide a detailed job description for a prospective Program Coordinator.
- F. Grantees must work with a professional local evaluator, and set aside no less than five percent (5%) of funding for evaluation services.
- G. Applicants must prepare a five (5) year Budget Narrative and Justification Plan.
- H. Provide letters of support demonstrating planned coordination and collaboration with the Regional Action Councils and existing coalitions/community groups.

V. Compliance Measures

- A. Develop and submit to DMHAS an annual budget narrative and work plan that describes how the awardee will address identified goals and objectives in its strategic plan. The work plan shall be in a format determined by DMHAS,
- B. Develop with the local evaluator selected an evaluation plan that describes how the awardee will collect process and outcome data that address the identified goals and objectives in its strategic plan and submit it to DMHAS. The evaluation plan shall be in a format determined by DMHAS,
- C. Attend and participate in meetings, trainings, and ongoing project monitoring and technical assistance activities as directed by DMHAS,
- D. Participate in state and federal level evaluation activities as instructed by DMHAS,
- E. Collect and enter process and outcome data and complete bi-annual reports using the web-based data system identified by DMHAS.

VI. Award and Eligibility

A. Eligible Applicants

This RFP is directed at agencies collaborating with community coalitions that have experience executing the Strategic Prevention Framework (SPF) or a similar public health planning model. Letters of support demonstrating planned coordination and collaboration with the Regional Action Councils and existing coalitions/community groups are required in order to receive funding. Agencies with existing Drug Free Communities (DFC) funding or with pending DFC applications must select a community different from the designated DFC community. This RFP is not open to Wheeler Clinic (Connecticut Clearinghouse), The Governor's Prevention Council, Regional Action Councils, colleges and universities.

B. Award

It is the intent of DMHAS to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP. Refer to page one of this RFP for submission instructions.

C. Anticipated Funding

The CSC Initiative is funded at \$1,200,000 annually. Starting July 1, 2015 through June 20, 2020 twelve (12) grantees will be funded annually at \$100,000 each. Continued funding is contingent upon the ongoing availability of funds, and satisfactory program performance.

Applicants should note that any contracts developed as a result of this RFP are subject to the Department's contracting procedures that shall include approval by the Office of the Attorney General, as well as, compliance with Office of Policy and Management (OPM) Cost Standards.

D. Schedule

EVENT	DATE
Release of RFP	March 2, 2015
Questions Received	March 20, 2015
Questions Answered	March 27, 2015
A Letter of Intent is Preferred	April 6, 2015
Proposal Deadline	April 20, 2015
Notice of Award (Begin Contract Negotiations)	June 5, 2015
Begin Implementation (Contract fully executed)	July 1, 2015

E. Ex Parte Contract Prohibited

Any form of ex parte contact regarding this RFP or any proposal being prepared or being considered under this RFP, whether directly or indirectly is hereby strictly prohibited. This includes, but is not limited to, any contact with elected officials or other state employees asking them for advice, information, or support at any time when actual notification of results is made. Violations will result in outright rejection of any and all proposals submitted under this RFP by the respondent. Any inquiries or requests regarding the RFP must be submitted to the Program Contact listed on page one (1) of this RFP.

F. Evaluation and Selection

It is the intent of DMHAS to conduct a comprehensive, fair and impartial evaluation of proposals received in response to this procurement. Only proposals found to be responsive to the RFP will be evaluated and scored. A responsive proposal must comply with all instructions listed in this RFP

G. Contract Execution

The pursuant contract developed as a result of this RFP, is subject to Department contracting procedures, which includes approval by the Office of the Attorney General. Please note that contracts are executory and that no financial commitments can be made until, and unless, the contracts are approved by the Office of the Attorney General.

H. Applicant Debriefing

The Department will notify all applicants of any award issued by it as a result of this RFP. Unsuccessful applicants may, within thirty (30) days of the signing of the resultant contract, request a meeting for debriefing and discussion of their proposal by making a written request to the DMHAS contact person identified on the cover page of its RFP. Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

VII. Instructions for Completion of Proposal and Scoring

Responses to this RFP must start with the RFP Proposal Face Page as page 1, (see Application Package Document 1), and shall include the following sections in the order specified below. Please refer to the description of each section and its subcomponents shown below. The content of each section and the number of points used to evaluate the section (and its subcomponents) are provided. The maximum evaluation score is 100 points.

A. Program Narrative (80 Points) – See Section IV.

The Proposal Narrative must be clear, concise, and paginated and must not exceed 15 single-spaced pages in length. The document must have one inch margins and use Times New Roman 12 pitch font, but charts and tables can be in 10 pitch font. The Proposal Narrative shall be scored accordingly, and contain the following subcomponents that correspond with section IV. **Required Components** in this RFP:

1. Agency Description and Experience (10 Points) – See Section IV. A

Applicants must demonstrate experience executing the SPF or a similar public health planning model through these activities:

- a. Conducting comprehensive needs assessments of contributing factors associated with substance abuse, identifying whenever possible those shared risk and protective factors that also related to mental health;
- b. Preparing data-driven strategic plans with logic model that addresses substance abuse based on documented needs including setting measurable objectives;
- c. Building capacity to address community specific substance abuse patterns and enhance mental health;
- d. Implementing evidence-based and environmental strategies;
- e. Evaluating process and outcome data to substantiate program findings including preparing reports and public summaries for stakeholders and the community;
- f. Addressing the intentional inclusion of identified populations in the design and implementation of prevention strategies, activities, and policies; and
- g. Using sustainability planning to support the maintenance of gains in the reduction of substance abuse.

2. Program Design and Service Objectives (35 Points) – See Sections IV. B, C and D

- a. Provide a community description that identifies and describes the service area where the CSC Initiative will be implemented to address universal substance abuse prevention and mental health promotion efforts. Summarize why this service

area/community was selected and describe its associated need and readiness. Include at a minimum the following information with supporting data: **(This part represents 15 Points of the 35 Program Design and Service Objectives Points):**

- 1) Geographic boundaries;
- 2) Key socio-demographic and cultural characteristics;
- 3) Evidence of underserved populations and non-traditional subgroups;
- 4) Substance abuse prevention needs; including those risk and protective factors that may also impact positive mental health in the identified community,
- 5) Resources and assets, including major service providers and organizations; and
- 6) Public support for or resistance to implementing substance abuse prevention and mental health promotion efforts (readiness).

Suggested sources for data include but are not limited to:

- Census Data <http://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- Town Profile <http://www.cerc.com/TownProfiles/list.asp>;
- Strategic School Profile <http://sdeportal.ct.gov/Cedar/WEB/ResearchandReports/SSPReports.aspx>;
- Sub-Regional Profiles <http://www.ct.gov/dmhas/cwp/view.asp?a=2912&q=335124>

b. Identify and describe the coalition within the proposed service area/community that you will partner with to engage in this initiative. Include the following information about the coalition with supporting data: **(This part represents 10 Points of the 35 Program Design and Service Objectives Points)**

- 1) Mission and vision;
- 2) Coalition representation of these twelve community sectors – Youth and Parents (particularly from the focus population), Business Community, Media, Schools, Youth-Serving Organizations, Law Enforcement Agencies, Faith-Based Organizations, Civic and Volunteer Groups, Healthcare Professionals, Government Agencies , other prevention organizations including local mental health organizations, and the recovery community when relevant;
- 3) Reflect the socio-demographic and cultural diversity of the community being served;
- 4) Coalition’s knowledge of prevention and health promotion issues across the lifespan;
- 5) History of service to the community and major projects accomplished;
- 6) Prior relationship or collaborations with the agency responding to this RFP; and
- 7) Familiarity with and readiness to implement the SPF process;
- 8) Applicants should be attentive to risk factors that are shared with poor mental health in the identified community. Those that select a priority substance that has

shared risk factors with poor mental health must have a representative from the mental health sector working closely with their coalition.

- c. Applicants must exhibit that they have current survey data for their selected community and address the following items: **(This part represents 10 Points of the 35 Program Design and Service Objectives Points)**
 - 1) Identify the survey tool used to collect the data, the data collection date, and the population surveyed and;
 - 2) Demonstrate they have the baseline data and the ability to track long and short term outcomes in connection with expected target population(s).

3. Management Plan (20 Points) – See Section IV. E

Provide an organizational chart and specific managerial plan indicating who will direct and be responsible for the coordination of the program and program deliverables. Identify one full time Program Coordinator with their qualifications and past experience in implementing the SPF or similar public health planning model, or provide a detailed job description for a prospective Program Coordinator. The Program Coordinator will be responsible for:

- a. SPF program coordination with identified community coalition;
- b. Serving as the primary liaison to DMHAS;
- c. Attending trainings, technical assistance meeting and conferences;
- d. Fully cooperating with the DMHAS contracted Training and Technical Assistance Service Center;
- e. Submitting planning documents and completing all data reporting in the DMHAS prevention data collection system;
- f. Collaborating with the local evaluator and ensure evaluation deliverables.

4. Data Collection and Evaluation Plan (15 Points) – See Section IV. F

Applicants must develop a preliminary evaluation plan for the selected interventions, with attention to cultural competence. Grantees must work with a professional local evaluator, and set aside no less than five percent (5%) of funding for evaluation services. Expected work of a local evaluator should include but may not be limited to the following:

- a. Collaboration with and attending meetings of a DMHAS identified State level evaluation entity;
- b. Evaluation of coalition implemented program strategies, including process and outcomes;
- c. Preparing biennial community information briefs;
- d. Preparing an evaluation report every year

B. Budget Narrative and Justification (10 Points) – See Section IV. G

Applicants must use the provided budget narrative and justification forms to prepare a Budget Narrative and Justification Plan and address the following points (see Application Package Document 2):

1. Describe how the applicant intends to maximize use of existing community resources and services, or other subsidized programs.
2. Describe the extent of "in-kind" resources the applicant will provide to this program.
3. The proposed budget should be consistent with the Connecticut Office of Policy and Management (OPM) Cost Standards, which can be found at the following OPM website: http://www.ct.gov/opm/cwp/view.asp?a=2981&Q=382994&opmNav_GID=1806

C. Appendices (10 Points) – See Section IV. H

Only the following appendices may be included in the application. These appendices must not be used to extend or replace sections of the Program Narrative.

1. Appendix 1: Biographical Sketches/Resumes for Existing Staff and/or Job Descriptions for New Positions
2. Appendix 2: Letters of Support/Collaboration demonstrating planned coordination and collaboration with the Regional Action Councils and existing coalitions/community groups
3. Appendix 3: Organizational Structure (Table of Organization)
4. Appendix 4: Copy of Most Recent Financial Audit (If not a current DMHAS-funded agency)
5. Appendix 5: Additional Required Documents – Proposals must contain all of the following documents to be considered responsive (see forms in Application Package):
 - a. Notice to Executive Branch State Contractors And Prospective State Contractors Of Campaign Contribution And Solicitation Ban
 - b. Consulting Agreement Affidavit
 - c. Affirmation of Receipt of Summary of State Ethics Law

VIII. Evaluation Criteria/Review Committee

- A. A Review Committee (RC), including but not limited to DMHAS staff, one or more people in recovery from mental health, substance use, or co-occurring mental health and substance use disorders, and other parties with expertise or relevant experience in the RFP focus, will evaluate all proposals that meet qualification requirements set forth in this RFP. The RC will score proposals in accordance with the evaluation criteria set forth in this RFP which will result in a recommendation to the Commissioner or his designee.
- B. The applicant shall neither contact nor lobby DMHAS administration, staff, or evaluators during the evaluation process. Attempts by an applicant to contact and/or influence DMHAS administration, staff, or members of the RC may result in disqualification of the applicant.

- C. The RC will evaluate each proposal to determine the extent to which it has met qualification requirements set forth in this RFP. The applicant should bear in mind that any proposal deemed by the RC to be unrealistic in terms of the technical or schedule commitments, or unrealistically high or low in cost, will be deemed reflective of a lack of technical competence or of a failure to comprehend the complexity and risk of the requirements as set forth in this RFP.
- D. As a result of this RFP, DMHAS intends to enter into contract negotiations with parties selected using this RFP. Applicants whose responses conform to the RFP requirements and whose bids present the greatest value to people served by DMHAS when all evaluation criteria are considered will be selected for final contract negotiations. The goal is to recommend proposals for award based on the cumulative points scored using the evaluation criteria.
- E. Specifications contained in this RFP should be considered as minimum requirements. Much of the material needed to present a comprehensive proposal can be placed into one of the sections listed.
- F. Proposals will be rated using a point scoring system that assesses how well the applicant addressed requirements set forth in this RFP. **The maximum score across all evaluation criteria is 100 points as follows:**
 - 1. Program Narrative – **80 Points with the following sub-distribution**
 - a. Agency Description and Experience – (10 Points)
 - b. Program Design and Service Objectives – (35 Points with the following sub-distribution)
 - 1) Community Description – 15 Points of the 35 Points
 - 2) Coalition Description – 10 Points of the 35 Points
 - 3) Current Community Survey Data – 10 Points of the 35 Points
 - c. Management Plan – (20 Points)
 - d. Data Collection & Evaluation –(15 Points)
 - 2. Budget Narrative and Justification – **10 Points**
 - 3. Appendices – **10 Points**
- G. Proposals will undergo three levels of review as described below.
 - 1. Level 1 Review

Once received, proposals will be screened for completeness and compliance with instructions for submission. Proposals that fail to include all required components will be deemed incomplete and removed from further review considerations. Review criteria include:

 - a. Completeness of application
 - b. Compliance with submission procedures
 - c. Eligibility

2. Level 2 Review

A scoring grid describing specific elements of each main criterion and the maximum number of points it is worth will be used. The reviewers will assign points on a sliding scale from 0 if the proposal has not met the criterion up to the maximum score if the proposal surpasses the criterion. Each proposal will be scored on the quality of responses within three main elements:

- a. Program Narrative
- b. Budget Narrative and Justification
- c. Appendices

3. Level 3 Review

Proposals recommended for approval based on their technical merit will be assessed on the applicant's prevention experience and organizational capacity

IX. General Proposal Requirements

A. Disposition of Proposals

DMHAS reserves the right to reject any and all proposals, or portions thereof, received as a result of this request or to negotiate separately any service in any manner necessary to serve the best interest of DMHAS. DMHAS reserves the right to contract for all or any portion of the scope of work contained within this RFP if it is determined that contracting for a portion of the work will best meet the needs of DMHAS.

B. Conditions

Any prospective applicants must be willing to adhere to the following conditions and must positively state them in the proposals:

1. **Conformance with Statutes.** Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of State of Connecticut and the Federal Government.
2. **Ownership of Subsequent Products.** Any product, whether acceptable or unacceptable, developed under a contract awarded, as a result of this RFP is to be sole property of the Department unless stated otherwise in the RFP or contract.
3. **Timing and Sequence.** Timing and sequence of events resulting from this RFP will ultimately be determined by DMHAS.
4. **Oral Agreement.** Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by a written agreement.
5. **Amending or Canceling Requests.** DMHAS reserves the right to amend or cancel this RFP, prior to the due date and time, if it is in the best interest of DMHAS and the State.
6. **Rejection for Default or Misrepresentation.** DMHAS reserves the right to reject the proposal of any applicant that is in the default of any prior contract or for misrepresentation.

7. **Department's Clerical Errors in Awards.** DMHAS reserves the right to correct inaccurate awards resulting from its clerical errors.
8. **Rejection of Qualified Proposals.** Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
9. **Applicant Presentation of Supporting Evidence.** An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, data reporting capabilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the proposal.
10. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submittal. While changes are not permitted, clarification at the request of DMHAS may be required at the applicant's expense.
11. **Collusion.** By responding, the applicant implicitly states that they are submitting a response to this RFP that in all respects is fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of DMHAS participated directly or indirectly in the applicant's proposal preparation.

C. Proposal Preparation Expense

The State of Connecticut and DMHAS assume no liability for payment of expenses incurred by applicants in preparing and submitting proposals in response to this solicitation.

D. Response Date and Time

Responses to this RFP must be received by DMHAS no later than 11:59 PM local time on Monday, April 20, 2015. Any response received after this date and time will not be considered.

You must go to the DMHAS website (<http://www.ct.gov/dmhas/rfp>) to access the required documents needed to apply for this DMHAS grant. DMHAS Prevention and Health Promotion Unit applications must be submitted electronically to OOCPreventionApps@ct.gov. DMHAS will not accept paper applications.

You may wish to use the following sources for problems with submissions:

- By e-mail: OOCPreventionApps@ct.gov
- By phone: (860) 418-6809 The DMHAS staff is available Monday-Friday from 8:00 AM to 4:00 PM, excluding state holidays

Please allow sufficient time to submit your application to OOCPreventionApps@ct.gov. When you submit your application, you will receive an email receipt that your application was successfully submitted. If you do not receive a receipt confirmation you must contact the DMHAS staff directly.

It is critical that you initiate electronic submission in sufficient time to resolve any issues/problems that may prevent the electronic submission of your application. DMHAS will reject applications submitted after 11:59 PM on the application due date.

QUESTIONS: To avoid giving one applicant advantage over others, all questions regarding this RFP must be emailed to OOCPreventionApps@ct.gov no later than 11:59 PM local time

on Friday, March 20, 2015. Responses to all questions will be posted on the DMHAS website <http://www.ct.gov/dmhas/rfp> no later than close of business Friday, March 27, 2015.

INTENT TO APPLY: DMHAS prefers to receive notice of intent to apply before responding to this RFP. Email the Intent to Apply Form to OOCPreventionApps@ct.gov no later than Monday, April 6, 2015 by 11:59 PM.

DMHAS highly recommends that you submit your application 24-48 hours before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit.

It is strongly recommended that you submit your grant application documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007/2010 products (e.g., Microsoft Word 2007/2010, Microsoft Excel 2007/2010, etc.). Use of file formats other than Adobe PDF or Microsoft Office 2007/2010 may result in your file being unreadable by our staff and review committee members.

E. Incurring Cost

DMHAS is not liable for any costs incurred by the applicant prior to the effective date of a contract.

F. Freedom of Information

Due regard will be given to the protection of proprietary information contained in all proposals received. However, applicants should be aware that all materials associated with this RFP are subject to the terms of the Freedom of Information Act, the Privacy Act, and all rules, regulations and interpretations resulting there from. It will not be sufficient for applicants to merely state generally that the proposal is proprietary in nature and not therefore subject to release to third parties. Those particular pages or sections, which an applicant believes to be proprietary, must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exception from release consistent with Section 1-210 of the Connecticut General Statutes must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the Applicant 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 any case, the narrative portion of the proposal may not be exempt from release. Between the applicant and DMHAS, the final administrative authority to release or exempt any or all material so identified rests with DMHAS.

G. Confidentiality

The successful applicant shall comply with all applicable state and federal laws and regulations pertaining to the confidentiality of proprietary information, data and other confidential or personal information concerning the medical, personal or business affairs of program participants acquired in the course of providing services under this RFP. The successful applicant shall keep confidential all financial, operating, proprietary or business information of DMHAS relating to the provision of services under this RFP which is not otherwise public information, along with all information, not described above, but specified in writing by DMHAS as confidential information. The successful applicant shall also cause each of its agents, employees, or subcontractors and other persons and organizations involved in doing business with or controlled by it from disclosing or transmitting to any person or

legal entity any of the described information. The successful applicant shall ensure that the appropriate qualified service organization agreements are in place pursuant to federal confidentiality regulations.

H. Affirmative Action

Regulations of Connecticut State Agencies Section 46a68j-3(10) require agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

1. The applicant's success in implementing an affirmative action plan;
2. The applicant's success in developing an apprenticeship program complying with Section 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
3. The applicant's promise to develop and implement a successful affirmative action plan;
4. The applicant's submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
5. The applicant's promise to set aside a portion of the contract for legitimate small contractors and minority business enterprises. (See CGS 4a-60).