

PROCUREMENT NOTICE

LEGAL NOTICE

Request for Proposal # 2016-0905
for
Best Practices in Tobacco Control

The State of Connecticut, Department of Public Health is seeking proposals to implement programs and initiatives that will lower the rate of tobacco use among all Connecticut residents and prevent the initiation of tobacco use, following recognized best practices as defined by the United States Department of Health and Human Services, Centers for Disease Control and Prevention.

There are four components included within this request for proposal: State and Community Interventions (Local Community Level), Mass-Reach Health Communication Interventions, Cessation Interventions, and Evaluation.

This is a competitive bid; all those seeking funding must submit a proposal and follow the guidelines of this RFP.

This Request for Proposal is available in electronic format on the State Contracting Portal at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or from the Department's Official Contact:

Name: Barbara Metcalf Walsh
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P.O. Box 340308
Hartford, CT 06134-0308
Phone: 860-509-8251
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The RFP is also available on the Department's website at <http://www.ct.gov/dph/rfp>. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is November 22, 2016 at 2:00 P.M. Eastern Time.

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. RFP Name or Number.

Best Practices in Tobacco Control, DPH RFP # 2016-0905

2. Summary.

The State of Connecticut, Department of Public Health (hereafter the Department) is seeking proposals to implement and maintain programs and initiatives that will lower the rate of tobacco use among all Connecticut residents: prevent the initiation of tobacco use, especially among youth and young adults; increase the rate of cessation among those already utilizing tobacco products; and decrease exposure to secondhand smoke by all Connecticut residents, following recognized best practices as defined by the United States Department of Health and Human Services, Centers for Disease Control and Prevention.

There are four components included within this request for proposal:

- Component 1: State and Community Interventions:
Local Community Level
- Component 2: Mass-Reach Health Communications Interventions
- Component 3: Cessation Interventions, and
- Component 4: Evaluation

3. Synopsis.

The Department of Public Health is seeking applicants to implement and maintain programming to lower the rate of tobacco use in Connecticut.

4. Commodity Codes.

The services that the Department wishes to procure through this RFP are as follows:

- 0600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Healthcare Services
- 2000: Community and Social Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
CDC	Centers for Disease Control and Prevention (US)
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DHHS	Department of Health and Human Services (US)
DPH	Department of Public Health (CT)
EHR	Electronic Health Record
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *Contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *Department*: the State of Connecticut, Department of Public Health
- *Proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP. Also referred to as an “applicant” or “bidder”
- *Prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *Subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP
- *Tobacco use*: all forms of tobacco, not just cigarettes. This includes both combustible products such as cigarettes, cigars, little cigars, pipes, hookahs; and non-combustible products such as smokeless tobacco and electronic nicotine delivery systems such as electronic cigarettes and vape pens.
- *Youth*: for the purposes of this RFP, youth is defined as middle and high school students, aged 11-18 years old.

■ C. INSTRUCTIONS

1. Official Contact.

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

Name: Barbara Metcalf Walsh
Address: 410 Capitol Avenue, MS#11 HLS, Hartford, CT 06134-0308
Phone: 860-509-8251
Fax: 860-509-7854
E-Mail: DPHtobacco@ct.gov

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

2. RFP Information.

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

- Department's RFP Web Page
<http://www.ct.gov/dph/rfp>
- Department of Administrative Services
State Contracting Portal
<http://das.ct.gov/cr1.aspx?page=12>

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

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

3. Contract Awards.

The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available:

\$1,387,442 has been provided by the Tobacco and Health Trust Fund portion of the Master Settlement Agreement to the Department specifically to support Best Practices in tobacco control. The component areas and funding amount for each component were established by the Tobacco and Health Trust Fund Board.

Funding has been allocated to each of the four components in this RFP as follows:

State and Community Interventions	\$ 703,612
Mass-Reach Health Communications	130,717
Cessation Interventions	428,488
Evaluation	124,625
Total:	\$ 1,387,442

- o Number of Awards: Not yet known
- o Contract Cost: Varies
- o Contract Term: July 1, 2017 to June 30, 2019 (Anticipated)

4. Eligibility.

Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), local or state government agencies, and municipalities are eligible to submit proposals in response to this RFP.

Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

5. Minimum Qualifications of Proposers.

To qualify for a contract award, a proposer must have the following minimum qualifications:

Applications will be accepted from public and private organizations, community-based agencies and individuals who are a duly formed business entity. Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants with outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

6. Procurement Schedule.

Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Department's RFP Web Page.

- RFP Planning Start Date: March, 2016
- RFP Released: September 15, 2016
- Deadline for Questions: October 13, 2016
- Answers Released: October 20, 2016
- Letter of Intent Due: November 3, 2016
- Proposals Due: November 22, 2016

- (*) Proposer Selection: December 28, 2016
- (*) Start of Contract Negotiations: December 28, 2016
- (*) Start of Contract: July 1, 2017

7. Letter of Intent.

A Letter of Intent (LOI) is required by this RFP.

The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the entity that will be submitting a proposal, identify the sender, including name, postal address, telephone number, fax number, and e-mail address for ongoing communications regarding the RFP.

The LOI should be a total of one page, and include a brief description of the project, including the Component(s) under which the applicant is planning to apply, and contain a list of the partners that will be involved with the project. This project information will assist with better preparation for review but is non-binding.

It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

8. Inquiry Procedures.

All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions).

Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The

Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent.

9. RFP Conference.

An RFP conference will not be held to answer questions from prospective proposers; however, the Department will accept questions in writing regarding the RFP. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.

10. Proposal Due Date and Time.

The Official Contact is the only authorized recipient of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: November 22, 2016
- Time: 2:00 P.M. Eastern Time

Proposals that have only been faxed or e-mailed will not be evaluated: both paper and electronic copies are required. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures.

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

An acceptable submission must include the following:

- one (1) original proposal;
- seven (7) conforming copies of the original proposal; and
- one (1) electronic copy of the original proposal.

PROPOSALS MUST BE CLEARLY LABELED WITH THE RFP COMPONENT(S) UNDER WHICH IT IS SUBMITTED.

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

The electronic copy of the proposal should be submitted via email to the email address DPHtobacco@ct.gov. The entire proposal can be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals.

The submission of multiple proposals is an option with this procurement. If applying for multiple components without overlap, separate applications should be submitted for each component.

A proposer that is proposing one project or initiative that has portions in more than one RFP component may submit one proposal that clearly indicates which component(s) are included within their proposal. The proposal must adhere to the page limit guideline (it is not expanded) and must meet all other requirements outlined in this RFP.

12. Declaration of Confidential Information.

Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. Conflict of Interest - Disclosure Statement.

Proposers must include a disclosure statement concerning any current business relationships (within the last three [3] years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

1. Required Outline.

All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and will not be evaluated.

2. Cover Sheet.

The Cover Sheet is Page 1 and Page 2 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section VI. Application Forms.

3. Table of Contents.

All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)

4. Executive Summary.

Proposals must include a high-level summary, not exceeding three (3) pages, of the main proposal and the cost proposal.

5. Attachments.

Letters of reference are required from two previous employer/grantors that include a description of the project performed, timeliness of project activities, and completeness of project deliverables.

Three letters of collaboration and support are required from a variety of community organizations and project partners that detail the level of involvement and evidence of assistance that they will provide to the project.

Letters of reference and collaboration are required of this RFP by all applicants. Letters of reference and letters of collaboration should be currently dated, and not copies from previous submissions. Letters of reference and collaboration cannot be provided by DPH staff.

Attachments other than the required Attachments, Forms and Letters identified in Section IV may not be evaluated. Further, the required Attachments or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. Style Requirements.

Submitted proposals must conform to the following specifications:

- Binding Type: Use a single binding clip; do not use staples or other more permanent binding.
- Dividers: None specified
- Paper Size: 8 ½ x 11

- Page Limit: 25 pages
[Includes Proposal Outline Items A through F. Does not include Attachments or Forms; see Section IV Proposal Outline for more detail. (Page 40)]
- Print Style: 2-sided
- Font Size: 12 Font
- Margins: 1 inch
- Line Spacing: 1 ½ minimum spacing

NOTE: The pre-designed forms do NOT need to be re-formatted to fit within these specifications.

7. Pagination.

The proposer's name must be displayed in the header of each page. All pages, including the required Attachments and Forms, must be numbered in the footer.

8. Packaging and Labeling Requirements.

Proposal packages – One (1) original and seven (7) conforming copies for each component - must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. Evaluation Process.

It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).

2. Screening Committee.

The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.

3. Minimum Submission Requirements.

All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

4. Evaluation Criteria (and Weights).

Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. The criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

Organizational Profile	10%	
Scope of Services	20%	
Staffing Plan, including subcontractors, if any	10%	As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).
Data and Technology	10%	
Evaluation Plan-Logic Model	10%	
Work Plan	20%	
Budget and Budget Narrative	20%	

Additional consideration will be given to applicants proposing services in New London, Tolland and Windham Counties.

5. Proposer Selection.

Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The Screening Committee can make recommendations to partially fund proposals. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract.

Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.

6. Debriefing.

Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

7. Appeal Process.

Proposers may appeal any aspect of the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.

8. Contract Execution.

Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

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II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

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

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

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

Note:

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

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

■ B. ASSURANCES

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

1. Collusion.

The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.

2. State Officials and Employees.

The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined

that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.

3. Competitors.

The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. Validity of Proposal.

The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.

5. Press Releases.

The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ **C. TERMS AND CONDITIONS**

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

1. Equal Opportunity and Affirmative Action.

The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. Preparation Expenses.

Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.

3. Exclusion of Taxes.

The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.

4. Proposed Costs.

No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.

5. Changes to Proposal.

No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.

6. Supplemental Information.

Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. Presentation of Supporting Evidence.

If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer. Proposers should include at least two letters of reference from entities for which they have provided similar services.

8. RFP Is Not An Offer.

Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

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

1. Timing Sequence.

The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.

2. Amending or Canceling RFP.

The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.

3. No Acceptable Proposals.

In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.

4. Award and Rejection of Proposals.

The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

5. Sole Property of the State.

All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.

6. Contract Negotiation.

The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.

7. Clerical Errors in Award.

The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.

8. Key Personnel.

When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ E. STATUTORY AND REGULATORY COMPLIANCE

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

1. Freedom of Information, C.G.S. § 1-210(b).

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

2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.

CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

3. Consulting Agreements, C.G.S. § 4a-81.

Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
 IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g) (2).

If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a) (1).

If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at

http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

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III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (DPH) is the lead agency in protection of the public's health, and in providing health information, policy and advocacy. The agency is a central part of a comprehensive network of public health services, and is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services that are not available at the local level.

The agency is responsible for providing accurate health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is also a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. DPH is currently staffed by approximately 800 employees organized into fourteen branches, sections, and offices; each tasked with ensuring and/or providing services to help the agency achieve its mission.

At the Department of Public Health, we emphasize evidence-based practices based on the collection of health data to shape our policy and program initiatives. We work together with our partners and others to provide an integrated public health system that maximizes the public's investment in public health.

Chronic diseases are the number one cause of death and disability in Connecticut and the United States for men and women, and across all racial and ethnic groups.

This RFP is being issued by the Tobacco Control Program of the Community, Family, and Health Equity Section of the Public Health Initiatives Branch.

■ B. PROGRAM OVERVIEW

The Tobacco Control Program is working to enhance the well-being of Connecticut's residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use. Tobacco use is the single most avoidable cause of death in our society and one of the most important public health issues of our time.

The Program has the following goals:

- 1) To prevent the initiation of tobacco use.
- 2) To promote quitting among young people and adults.
- 3) To eliminate exposure to secondhand smoke.
- 4) To identify and eliminate the disparities related to tobacco use and its effects on diverse population groups.

In Connecticut in 2014, 15.4% of adults reported using some form of tobacco. Men (17.5%) are more likely to use tobacco than females (13.5%) [2014 BRFSS Data]. In 2015, 14.3% of Connecticut high school youth reported using some form of

tobacco [CT School Health Survey, 2015]. Among the different age groups, cigarette smoking is the most prevalent type of tobacco used for adults and electronic cigarettes are the most prevalent type of tobacco used among youth. Adults aged 25-34 years old have the highest rate of tobacco use, where 24.4% report smoking cigarettes. Adults with less than a high school education are nearly three times more likely than college-educated adults to smoke. By race/ethnicity, 14.1% of non-Hispanic whites, 18.5% of non-Hispanic blacks, 20.6% of Hispanics, and 16.0% of other non-Hispanic races are current cigarette smokers. [2014 BRFSS Data].

Each year in Connecticut, approximately 4,300 adults die from their own smoking and 400 nonsmokers will die due to exposure to secondhand smoke. In addition to premature deaths, tobacco use causes illness, disability and productivity loss, and is also responsible for high economic costs. Annual economic expenditures in Connecticut are estimated at \$1.4 billion, with average annual productivity losses of more than \$1 billion in addition to that. [Centers for Disease Control and Prevention, Smoking-Attributable Mortality, Morbidity, and Economic Costs (SAMMEC) software, 2007.]

There is no safe level of exposure to secondhand smoke (SHS); it is dangerous to anyone who breathes it in. SHS contains over 7,000 chemicals of which at least 250 have been shown to damage your health. Nearly 50% of Connecticut middle and high school students reported being exposed to secondhand smoke in the week prior to taking a survey [CT School Health Survey 2015]. 25.2% of high school students who have never smoked, have a job and worked in the past seven days reported exposure to SHS at work [CT School Health Survey 2015]. 30.3% of non-smoking adults were exposed to SHS in a public place in the past seven days [2010 CT Adult Tobacco Survey].

Smoking and smokeless tobacco use are usually initiated during adolescence – more than 90% of adult smokers begin smoking before 18 years of age. 99% of smokers start by age 26, so if young people do not start using tobacco by age 26, they most likely never will. (U.S. Department of Health and Human Services, Office of the Surgeon General) Once smoking is initiated, the addictive nature of tobacco makes it very difficult to quit. Estimates are that nearly 70% of smokers want to quit, but each year, fewer than 3% of those who want to quit are successful.

Prevention of initiation of tobacco use and successful tobacco use cessation programming is the quickest and most cost-effective means of reducing the public health impact of tobacco use. Brief advice by health care providers to quit smoking can increase cessation rates by 30% according to the Agency for Healthcare Research and Quality. More intensive interventions (including individual, group, and telephone counseling services) that provide social support and training in problem-solving skills are even more effective. FDA-approved medications (e.g., nicotine patch, gum, and bupropion hydrochloride) are effective, especially when out-of-pocket costs are minimized and combined with counseling and other interventions. Availability of no or low cost cessation services increase an individual's motivation and readiness to quit.

Under the direction of the Tobacco Control Program, the purpose of this RFP is to fund evidence-based programs that follow CDC Best Practices to reduce the prevalence of tobacco use in Connecticut. We are striving to create a culture where tobacco free is the norm. Programs should target groups that are especially vulnerable to initiating tobacco use as well as those already utilizing tobacco products in order to decrease their use of tobacco. This request for evidence-based

programming seeks to identify organizations that have the capacity to develop and implement programs that will reduce and/or eliminate tobacco use by Connecticut residents.

OVERVIEW OF BEST PRACTICES:

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention has developed an evidence-based guide to help states to implement comprehensive tobacco control programs that will reduce rates of tobacco use. This coordinated effort to establish smoke free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use combines educational, clinical, regulatory, economic, and social strategies. This guide, "Best Practices for Comprehensive Tobacco Control Programs-2014" is divided into five areas of practice: 1) State and Community Interventions, 2) Mass-Reach Health Communication Interventions, 3) Cessation Interventions, 4) Surveillance and Evaluation, and 5) Infrastructure Administration and Management. This RFP covers the practice areas of 1-4.

State and Community Interventions:

These interventions target social norms in order to influence behavior change, using coordinated and combined societal and community resources. Interventions can focus on building community capacity, awareness, engagement, and mobilization; coordination of state efforts, policies, laws, and regulations; and influencing people in their daily environment. These interventions cover a wide range of areas, and a multi-faceted range of interventions is desirable for this solicitation.

Mass-Reach Health Communication Interventions:

These interventions include the various means by which public health information reaches large numbers of people to make meaningful changes in population-level awareness, knowledge, attitudes, and behaviors. These interventions promote and facilitate cessation, prevent tobacco use initiation and shape social norms related to tobacco use, but go beyond a traditional mass media placement.

Cessation Interventions:

These interventions provide treatment services, such as directly delivering cessation counseling and medications through population-based services such as a telephone Quitline; as well as population-level strategic efforts to reconfigure policies and systems in order to normalize quitting, support tobacco free lifestyles, and ensure ongoing tobacco use screening and intervention are part of ongoing medical care.

Surveillance and Evaluation:

These interventions include surveillance: continually monitoring attitudes and behaviors and health outcomes over time, and Evaluation: Monitoring and documenting short-term, intermediate, and long-term outcomes within populations. This is accomplished through systematic collection of information about the activities and results of programs to inform decisions about future programming and/or increase understanding. Evaluation also serves to document or measure the effectiveness of programs, including policy and media efforts.

Statewide tobacco use surveillance will not be included as part of this RFP: the department already participates in the statewide Behavioral Risk Factor Surveillance System for Connecticut adults and the Connecticut School Health Survey – Youth Tobacco Component for middle and high school students, and this data has been deemed to be sufficient for statewide surveillance regarding tobacco use.

Resource:

Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Program-2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Document is located at http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

■ **C. MAIN PROPOSAL COMPONENTS**

1. Cover Sheet, Contractor Information, Notification to Bidders

The proposal must contain a completed Cover Sheet, Contractor Information Form, and a signed Notification to Bidders Form, which are included in the attached Application Forms.

2. Organizational Requirements

Applications will be accepted from public and private organizations. The proposal must describe the organization, including its purpose, services provided, and length of time in operation. The proposal must also describe the organization's experience working in areas related to tobacco use prevention and control activities.

3. Services to be Provided

All bidders must be able to provide the services that they include in their proposal, which should be based on one of the four separate components. The approach to providing these services must be clearly and completely addressed in the proposal.

Bidders must specify under which of the following components they are applying for funding.

If one bidder is applying under more than one component, all services to be provided must be clearly identified for each component with an overall summary that explains how the interventions will work together.

Resources:

A number of resources are included in Appendix C to assist with RFP responses. There is a wealth of information available from national sources on best practice programs and evidence-based strategies.

Services to be Provided, Continued**COMPONENT 1:****State and Community Interventions-
Local Community Level**

The State and Community Interventions Component of this RFP focuses on local community-level interventions. These local activities will then inform statewide initiatives.

Successful bidders will be responsible for establishing community interventions that address the four program goals (III.B, pg. 20). Bidders may address any one or all of the areas listed. A "community" includes a variety of entities that work across different sectors, such as health agencies; civic, social, and recreational associations; city and town governments; schools and universities; faith organizations; and organizations that support racial and ethnic minority groups.

Community engagement and mobilization are an important part of tobacco control programs, and bidders are encouraged to mobilize community partners to engage in a variety of activities that will work together to promote tobacco free living as a societal norm. A multi-component campaign will have greater effect on the community selected for intervention.

Successful bidders will be expected to develop and implement evidence-based strategies and activities that have been recommended by the Centers for Disease Control and Prevention, Office on Smoking and Health to reduce, eliminate, and/or prevent tobacco use and secondhand smoke exposure by Connecticut residents.

These programs are based on the recommendations of the Task Force on Community Preventive Services: Tobacco Use Prevention and Control that specify a multi-component approach to effectively combatting tobacco use as well as the CDC best practices. Strategies focus on population-wide approaches, and target the general public and policy makers: community level activities that enhance community involvement promote buy in and support; and community-level policies, partnerships and interventions lead to social norm and behavior changes. Community-level activities that educate policy makers help to inform policy change, and through this coordination, tobacco-free social norms can be established.

Some areas for activities are recommended below. Note that the current Clean Indoor Air Act in Connecticut (Connecticut General Statute Section 19a-342) restricts local municipalities from adopting laws or ordinances pertaining to indoor air through the preemption language in section (g). Voluntary policies may be adopted by any land owner/landlord/manager. In addition, Section 7-148 advises municipalities in section (xvi) to "regulate, on any property owned by the municipality, any activity deemed to be deleterious to public health, including the lighting or carrying of a lighted cigarette, cigar, pipe or similar device".

Bidders may address Youth Prevention and Young Adult Initiation, and/or Tobacco Free Outdoor Spaces and Places Initiatives described below. *For the purposes of this RFP, youth is defined as middle and high school students, aged 11-18 years old.*

Recommended activity areas, based on CDC Best Practices, include the following:

Area A) Youth Prevention and Young Adult Initiation

Policies to Address (choose at least one if this option area is being addressed):

- Policies to restrict access to tobacco products by youth.
- Policies to prevent tobacco use initiation among youth and young adults.
- Promote use of tobacco cessation services

Areas of Activity (Choose at least one if this area is being addressed):

- Youth Leadership and Advocacy
- Point of Sale/Merchants and Retailer Access
- Anti-Tobacco Industry and Messaging
- Tobacco Sponsorship/tobacco use in movies/entertainment

Suggested Activities

1. Work collaboratively with community partners and agencies to develop a tobacco retailer and youth access campaign in catchment area.
2. Perform an environmental scan of tobacco retailer regulation, licensing, and youth access to tobacco products in catchment area.
3. Develop and implement an anti-tobacco influence campaign, the hidden strategies of big tobacco and how advertising is targeting youth and young adults.
4. Work with anti-tobacco coalitions, partners and stakeholders to mobilize communities to adopt policies restricting retailer tobacco advertising that target youth and young adult in catchment area.
5. Using flash mob tactics such as staging and demonstrations to promote anti-tobacco industry messages.
6. Work with stakeholders, partners and coalitions to eliminate tobacco industry sponsorship of youth events, merchandise, equipment and programs.
7. Promote use of available tobacco use cessation resources.
8. Provide training to establish youth anti-tobacco advocates and leaders who will then conduct the activities listed and advocate for policies.
9. Educate and work with policymakers to develop policies to ensure restricted access of tobacco products to youth.

10. Develop and implement a campaign designed to create public awareness of pro-tobacco messaging in movies and entertainment and discourage further use of tobacco in movies and entertainment.
11. Youth-led activities to promote policies to address the above

Discouraged Activities:

1. Traditional lecture-style programming and curriculum
2. Stand-alone traditional youth prevention school-based programs
3. Stand-alone puppet, dance, drama performances and poster contests
4. Conducting school health and or tobacco surveys to determine tobacco use in schools

In addition, an outline for youth prevention curricula is included in Appendix D: as well as a resource list with evidence based curricula in Appendix C. Although traditional prevention programs are discouraged, this outline is provided to guide the training of youth advocates as related to this RFP.

Area B) Tobacco Free Policies for Outdoor Spaces and Places

Policies to Address (Choose at least one if this option is being addressed):

- Voluntary adoption of smoke/tobacco free policies (including electronic nicotine delivery systems) in workplaces, multi-unit housing and open spaces.
- Voluntary adoption of policies that limit and or ban tobacco product advertisements, including electronic nicotine delivery systems, in merchant store fronts and in front of check-out counters.

Areas to include:

- School and College/University Campuses
- Multi-Unit Housing Complexes or Buildings
- Workplaces
- Other Outdoor Spaces

Suggested Activities:

1. Engage partners by mobilizing communities to develop coalitions to implement tobacco free policies for outdoor spaces and places.
2. Collaborate with stakeholder groups, community and state agencies to develop a community strategic plan to promote tobacco free outdoor spaces and places.
3. Inform and educate leaders, decision makers, and the public about the benefits of implementing tobacco free polices for outdoor spaces and places.

4. Develop and implement tobacco free policies for outdoor spaces and places.
5. Collect data on public and private housing associations that do and do not have smoke free housing policies within catchment area; work with both public and private multi-unit housing owners, landlords, managers, condo associations and tenants to promote the adoption of smoke free housing policies in both privately- and publicly-owned units.
6. Collect data on employers that are exempt from the Clean Indoor Air Act within catchment area; work with exempt employers to promote adoption of voluntary smoke free policies in their workplaces.
7. Recruit and assist colleges and universities in catchment area with implementation of tobacco and or smoke free campus policy development and implementation.

Discouraged Activities:

1. Creating toolkits.
2. Conducting surveillance, such as conducting widespread surveys to document tobacco and other substance use.

Communities that were previously funded to complete similar interventions, such as those funded under the CTG (Community Transformation Grant) and ACHIEVE funding opportunities or funded under DPH RFP #2015-0904 should not replicate the work that has already been completed and/or funded. Applicants should work in communities that have not previously worked with the applicant on DPH-funded tobacco activities and/or clearly explain how the proposed activities will build on, not duplicate previous efforts.

Required Activities:

All COMPONENT 1 respondents also see further down "Services to be Provided" for section labeled "ALL RESPONDENTS"

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Services to be Provided, Continued

COMPONENT 2:

Mass-Reach Health Communication Interventions

Mass-Reach Health Communication Interventions promote and facilitate cessation, prevent tobacco use initiation and shape social norms related to tobacco use. Mass-reach health communication refers to the various means by which public health information reaches large numbers of people, which goes beyond a traditional mass (television, radio and print ads) media placement. This information assists to make meaningful change in awareness, knowledge, attitudes and behaviors as it relates to tobacco use in Connecticut.

The successful bidder will be expected to provide media advocacy and public relations statewide to:

- Promote tobacco use cessation
- Discourage initiation of tobacco use
- Eliminate exposure to tobacco smoke

The successful bidder will work with the DPH Tobacco Control Program and all other successful bidders to this RFP to assist with strategic communications; performing marketing and developing messages for the general public and selected community groups. CDC recommended Best Practices in Mass-Reach Health Communication include the following activities:

- Media advocacy and promotion through press releases, press conferences, social media and campaign events timed with holidays, heritage months and health observances such as the 'Great American Smokeout[®]' and 'Kicks Butts Day[®]'.
- Provide recommendations and assist the Program and contractors with the development and implementation of health promotion activities, event development and publicity, and promotion of the CT Quitline.
- Conduct formative research to identify promising messages and concepts and pretest campaign and marketing materials.
- Assist funded contractors with the development and implementation of local media promotion, event sponsorship and community collaborations to support and reinforce the statewide goals and campaigns.
 - (Note: The number of contractors that will be receiving this support is unknown as they will be determined based on the results of this RFP)
- Promote the availability of services such as the CT Quitline, quitting websites and social media pages.

- Assist the program to further the reach of culturally appropriate messages targeting population subgroups that experience high rates of tobacco use.
- Develop and implement press kits for statewide and local promotions and events.

We recognize that the funding available under this component is not adequate to support an effective statewide traditional mass media planning and placement campaign. A large focus of the application should be towards the use of earned media to garner support for statewide and community campaign activities, although some traditional media vehicles should also be utilized to support and promote the above activities.

Required Activities:

All COMPONENT 2 respondents also see further down "Services to be Provided" for section labeled "ALL RESPONDENTS"

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Services to be Provided, Continued

COMPONENT 3:

Cessation Interventions

Successful bidders will be responsible for developing and implementing evidence-based strategies and activities that have been recommended by the Centers for Disease Control and Prevention, Office on Smoking and Health to reduce, eliminate, and/or prevent tobacco use and secondhand smoke exposure by Connecticut residents. Tobacco use is one of the six high burden health conditions with effective interventions identified in the CDC's 6/18 Initiative as a priority to improve health and reduce health care costs.

The overall goals for Cessation Interventions include promoting health systems change, expanding insurance coverage, and utilizing proven tobacco use cessation treatments; as well as supporting the state Quitline. Direct tobacco use cessation services are more effective when they are provided as part of a comprehensive system and community-wide approach that is working towards changing social norms related to tobacco use and supporting tobacco free lifestyles. As such, successful bidders applying for Component 3: Cessation Interventions will be expected to develop a community cessation intervention that addresses activities in the following inter-related areas:

A. Systems Change

- Outreach and education to health care providers, systems, and worksites / employers in the identified service area.

B. Community Tobacco Control Policy

- Applicants should collaborate on and be actively involved in community initiatives to develop tobacco policies that support quitting and promote tobacco free social norms and lifestyles.
- Bidders will be expected to collaborate with any existing or newly-funded State and Community Intervention Programs (funded under Best Practices Component 1-State and Community Interventions) in their identified service area.

See Appendix E for a list of Community Intervention Contractors and their service areas funded under DPH RFP #2015-0904: Best Practices in Tobacco Prevention and Control.

C. Direct Cessation Services

- Individual and/or group tobacco use cessation counseling and relapse prevention programming.
- Applicants providing services in the areas of New London, Tolland or Windham Counties will be given additional consideration during the scoring of their applications.

Area A) Systems Change

Successful bidders will provide outreach and training to health care providers and systems within their defined service area on the U.S. Department of Health and Human Services – Clinical Practice Guideline: Treating Tobacco Use and Dependence. This includes the importance of screening all patients for tobacco use, advising them to quit, and referring them to cessation services.

Selected applicants will also be expected to work with employers and worksites in their service area to educate them on the benefits of providing coverage for, and offering, tobacco use cessation services to their employees – services that should be included as an insurance benefit as defined by the Affordable Care Act. This is to promote increased coverage for and access to tobacco use cessation services.

Discussion Topics for working with health care providers and systems include:

- The importance of addressing tobacco use with patients, including the effects of secondhand smoke, and the benefits of integrating tobacco use treatment into the clinical workflow.
- Training on how to screen for tobacco use, how to integrate screening protocols into workflows and electronic health records.

Note: This available funding is not to be used for updates to or purchasing of Electronic Health Record systems.

- Training on how to conduct brief intervention counseling and treatment, and how to integrate tobacco use treatment into workflows and electronic health records.
- Referring patients to cessation services; promoting referrals to the CT Quitline, integrating referrals to cessation services into workflows and electronic health records.
- Billing options for Medicaid and other insurance plans for tobacco use treatment services.

Encouraged activities for working with employers and worksites include:

- Educate on the health and economic benefits of providing tobacco cessation insurance coverage for employees including the aspect of lost productivity.
- Educate on the minimum components of comprehensive cessation insurance coverage as defined by the Affordable Care Act.
- Educate employees/the public on the minimum components of comprehensive cessation benefits package as defined by the Affordable Care Act.
- Encourage employers to offer cessation services on site.

- Encourage/assist employers in developing campus-wide tobacco free worksite policies.
- Provide on-site cessation programs.
- Promote use of the CT Quitline as a method of providing cessation services and the availability of contracting with the CT Quitline to offer these services to employees.

Area B) Community Tobacco Control Policy

Population-wide interventions that change environments and societal norms related to tobacco use increase tobacco use cessation by motivating tobacco users to quit and by making it easier for them to do so.

Successful applicants will be expected to collaborate on and be actively involved with initiatives to implement tobacco control policies in their service area. Bidders should also indicate that they will work with any existing or newly funded Community Intervention Program (funded under Component 1 of this RFP) in their service area.

See Appendix E for a list of Community Intervention Contractors and their service areas funded under DPH RFP #2015-0904: Best Practices in Tobacco Prevention and Control.

See Component 1 - State and Community Interventions for encouraged activities for community tobacco control policies. A sample of activities that would encourage an increase in tobacco use cessation attempts include:

- ✓ Develop and implement tobacco free policies for outdoor spaces and places.
- ✓ Work with both public and private multi-unit housing owners, landlords, managers, condo associations and tenants to promote the adoption of smoke free housing policies in both privately- and publicly-owned units.
- ✓ Work with employers to promote adoption of stronger smoke free policies for their workplaces.
- ✓ Assist colleges and universities in service area with implementation of tobacco and or smoke free campus policy development and implementation.

Area C) Direct Cessation Services

Tobacco use cessation counseling and medication services are to be targeted to persons without any insurance coverage or those who are underinsured for tobacco use cessation counseling and medications. Funding may be used to cover the portion of tobacco use cessation services that are not covered by insurance; however participants must be enrolled in counseling in order to receive nicotine replacement therapy or medications.

Direct tobacco use cessation activities must include the following:

- Train all staff on tobacco use cessation treatments and curriculum

- Develop strategies for identifying and reaching target groups, such as the uninsured, and persons without insurance coverage for tobacco use cessation
- Provide an initial intensive counseling session of at least 30 minutes to all clients prior to cessation curricula being administered
- Offer and provide individual and group tobacco use cessation counseling programs depending on the client's preference
- When medically appropriate, provide FDA-approved cessation medications, including both prescription and over-the-counter medications
[Note: Medications are not FDA-approved for those under 18 years of age]
- Provide relapse prevention counseling
- Collect and submit client data
- Refer clients to the CT Quitline and other resources for secondary support
- Develop community collaborations and partnerships to promote the program and increase referrals to the program.
- Bidders are encouraged to include the use of client incentives to improve attendance and follow up rates.
- Bidders are encouraged to offer tobacco use cessation programs onsite at community sites such as, but not limited to, workplaces and low income multi-unit housing sites.

As a point of information, the U.S. Department of Housing and Urban Development (HUD) recently released a **proposed** rule that would require all Public Housing Authorities nationwide to implement smoke free housing policies for all indoor spaces (including living units) and outdoor spaces within 25 feet of entryways.

HUD has not yet finalized this rule; however, some housing authorities in Connecticut are voluntarily adopting smoke free policies on their own. This may provide a good opportunity to offer cessation programs to residents at housing complexes that are in the process of going smoke free.

Note:

A full outline of what should be included if direct cessation services are being provided is listed in Appendix F

Required Activities:

All COMPONENT 3 respondents also see further down "Services to be Provided" for section labeled "ALL RESPONDENTS"

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Services to be Provided, Continued

COMPONENT 4:

Evaluation

The Evaluation Contractor must develop and implement an overall formative, process and outcome evaluation plan that will provide valid, reliable evidence of progress achieved through the tobacco use prevention and cessation efforts by all contractors awarded funding.

The Evaluation Contractor shall provide independent third party evaluation services for each project funded. The Evaluation Contractor will evaluate program, service and project progress, determine effectiveness, determine if desired results are being obtained, and identify any areas that need improvement. The Contractor will make comparisons among population groups to determine the effectiveness for targeted programs.

Applicants in Components 1-3 are required to submit draft evaluation plans and logic models with their applications that include the anticipated outcome measures for each of their initiatives.

The Evaluation Contractor selected will review the submitted plans and provide feedback, recommendations, and support to each contractor to ensure programs are established that have measurable objectives.

The Evaluation Contractor will assist with analyzing collected data in order to report program effectiveness, as well as provide overall summary results of all programs for concise reporting purposes.

The Evaluation Contractor will conduct the final data analysis of the awarded agencies for their effectiveness in promoting tobacco free policies, reducing tobacco use, and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated may include overall system changes, tobacco use reduction, quit rates, cost per quit and overall administration and program effectiveness, dependent on the programs proposed.

The Evaluation Contractor will examine progress towards reducing tobacco use in the client population and the ability to reach targeted populations. The contractor will identify strengths and weaknesses for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes.

Required Activities:

**All COMPONENT 4 respondents
also see further down "Services to be Provided" for section labeled "ALL
RESPONDENTS"**

(Page 35)

Services to be Provided, Continued**ALL RESPONDENTS****Need to include the following information when describing the scope of services to be provided:**

Identify the target population for each intervention that is described in your proposal, and describe each intervention in as much detail as possible. This should include the length of time/number of sessions, curriculum to be developed/utilized, materials that will be provided or developed through this effort, and any pertinent details that will further describe your proposed project.

The applicant should explain their capability for collaborating with other contractors as necessary for this initiative: for instance, bidders awarded contracts under Component 1 will have to collaborate with the media/public relations contractor awarded under Component 2.

Applicants for Components 1, 2, and 3 should explain their capability to work with a third party evaluator provided under separate contract with DPH to determine overall program effectiveness. Contractors are expected to cooperate and collaborate with the DPH evaluation vendor hired under a separate DPH contract for the independent evaluation of these tobacco programs.

Evaluation shall be ongoing with these initiatives. Each applicant needs to provide a draft evaluation plan for each component with their proposal that includes effective use of available data. A logic model template is included in the appendices to assist applicants; a logic model is required for each component, and needs to be part of the evaluation plan. As part of the potential contract process, a third party independent evaluator will review the draft evaluation plans to make recommendations for better documentation of program effectiveness.

Describe your process for meeting reporting deadlines and providing narrative updates: contractors will need to submit written narrative reports on a quarterly basis that demonstrate program progress, including, but not limited to, number and date of meetings/sessions/programs held, number of people reached, and other data elements based on the type of program being offered.

Contractors will need to submit a final report that includes their self-assessment of the project; program summary and status, marketing of their program including outreach activities, accomplishments, the effectiveness of services provided, determination of project successes and descriptions of challenges encountered, what worked and what did not, and what suggestions could be made for changes for the future. In the application, describe your process for this self-assessment of the project.

Describe how your program will be sustainable once these contract funds have expired.

4. Staffing Requirements

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training, experience, and sufficient time allocated to perform assigned duties. Staff should have familiarity with evidence-based programming and have the ability to address the needs of the targeted population. Resumes must be provided with the proposal for the management and professional staff assigned to this project. One person shall function as the single point of contact for the program.

Include the hours of program operations and the hours during which services will be provided.

5. Data and Technology Requirements

The applicant must develop and maintain a data collection system that has the ability to collect, store, and report any data elements to DPH that are needed in order to report on program outcomes, such as participant information, status of coverage for cessation services, policy adoption status, or partner communication lists.

The applicant should describe data base management including quality assurance (e.g. conduct periodic data assessments to evaluate the quality, accuracy and validity of the data; assess, and validate data collection methods utilized by staff). Discussion of data management must include plans for quality improvement such as modifications to operations, protocols, data elements, software and/or equipment, staff training, and improved communication methods.

Monthly and/or quarterly reports will be required from each contractor to report program data on an ongoing basis. The frequency of the reports will depend on the type of program and services to be offered.

The applicant will also be expected to respond to questions from the independent evaluator on data submissions and program operations, and may be expected to make data collection modifications in order to assure outcome measures are being tracked.

6. Work Plan

The work plan format is provided with the application forms. A work plan is required for each component that needs to include specific details about the interventions and/or services to be performed, the proposed activities to be performed as part of the intervention or service, the responsible staff position and target population for each activity, and the expected outcome or measure of success for that activity. Detail should be provided about the relationship and tasks to be performed by each subcontractor.

The expected outcome or measure of success will be further described within the draft evaluation plan, which is to be prepared as a separate document (see 7. below).

All interventions and/or services should be described in as much detail as possible. This may include information such as what curriculum will be utilized, the length of time for each program or session, materials that will be provided or developed through this effort, and any pertinent details that will further describe your proposed project.

7. Evaluation Plan

Each bidder should provide a draft evaluation plan and logic model with their application that defines the outcome measures that they anticipate realizing once program activities have been implemented. The evaluation should be formed to answer certain questions, and the methodology for determining the answers be provided.

The expected outcomes, indicator or performance measures, method for obtaining the measure, data source, frequency and person responsible should all be included, as well as a logic model that details the anticipated short term, medium term, and long term outcomes from this project.

A sample format for the evaluation plan summary and draft logic models are included in Section V: Informational Appendices and a fillable logic model is included with the application forms provided in WORD format.

8. Additional Information: QUESTIONS TO ADDRESS

Provide answers to the following questions after the summary paragraphs for the work plan and evaluation plan (Sections 6 and 7) in the main proposal. All applicants must provide a response. If a question is not applicable then please state so in the response.

- 1) Explain your capability to work with a media/public relations contractor who will be under a separate contract with the Department of Public Health to assist in your program's marketing efforts.
- 2) Explain what it is about your identified strategy that will work.
- 3) If you are targeting youth for interventions, how will you ensure that you reach the 14.3% of youth that currently utilize tobacco (vs. the 85.7% that do not)?
- 4) If you are providing direct cessation services, how will you ensure that you will reach and serve persons who do not have insurance coverage for cessation counseling and medications?
- 5) Describe your experience effecting long term changes in a person's behavior and defining a new social norm.
- 6) If you have previously provided any of the services included in this RFP (e.g.: tobacco use cessation services, tobacco prevention programming, or health care systems outreach); please provide a summary of program successes and results, "lessons learned" and how you overcame challenges.
- 7) If you are currently funded for similar activities, describe how the activities proposed in your new application will expand on (not duplicate) similar initiatives.

- For example, describe the additional service area and/or additional populations that will be targeted or additional capacity building activities, etc.
- 8) If you are proposing services in an area already listed in **Appendix E**, explain how your proposal does not duplicate existing services.
 - 9) If you are submitting an application for Component 4 **and** another component explain how you could perform an independent evaluation for all projects.

D. COST PROPOSAL COMPONENTS

1. Financial Requirements

Monthly and/or Quarterly expenditure reports will be required, dependent on the type of program to be provided. Budget basis programs will require expenditure reports that are submitted to the Department via an Excel spreadsheet that is provided by the Department. Any services that are going to be provided on a fee-for-service basis need to include an invoice.

2. Budget Requirements

The proposal must contain an itemized budget and budget justification for the entire contract period for each component describing what elements are included in each fee to be charged, using budget forms included in the Attachments to this RFP.

All costs (salaries, travel, etc.) must be included in contract price. Applicants may include media purchase within their budget as it relates to their work plan.

Use of subcontractors is allowed. Subcontractor information and detail also must be in the itemized budget. Subcontractor Schedule A - Detail form must be completed.

Any organization including administrative and general costs as part of the project budget must also provide their cost allocation plan that identifies what categories of costs are included in the plan and how they are allocated.

Applicants may propose either a Project-based budget or a fee-for-service budget for reimbursement of services. Fee-for-service budgets need to include a breakdown of all cost components that are included in the fee, such as salary-fringe benefit-workbook. The Budget Justification Schedule B form should be used for fee-for-service budgets, and Position Schedule 2a completed for salaries being charged to the contract.

Competitiveness of the budget will be considered as part of the proposal review process.

These funds cannot be used for capital purchases.

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices. Indirect costs are not allowed, all budget items must be direct charges.

The maximum component amounts of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations. The proposed budget may be subject to change during contract award negotiations.

The proposal must identify and provide contact information for all potential subcontractors used to meet the services required for this RFP. The selected Contractor must provide DPH with copies of any subcontracts. All information required of the contractor must be applied to the subcontractor as well.

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

The rest of this page is intentionally blank

IV. PROPOSAL OUTLINE

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

Items A-F count towards the 25 page maximum. Items G, H and I do not.

	Page
A. Proposal Cover Sheet-Applicant Information Form.	
B. Table of Contents	
C. Declaration of Confidential Information	
D. Conflict of Interest - Disclosure Statement	
E. Executive Summary . . (Maximum three pages)	
F. Main Proposal.	
1. Organizational Profile	
a. Purpose, Mission, Vision, Values.	
b. Entity Type / Parent Organization / Years of Operation	
c. Location of Offices / Facilities	
d. Location where services will be provided	
e. Functional Organization	
f. Current Range of Services /Clients.	
g. Qualifications	
h. Relevant Experience	
i. Accreditation / Certification / Licensure.	
j. Governance System	
k. References	
2. Scope of Services to be Provided.	
a. Anticipated Program Reach	
b. Estimated Number of People Receiving Services.	
c. Community Collaboration and Engagement.	
d. Service Capacity / Delivery Plan/Systems / Processes / Protocols	
e. Client Engagement/Consultation /Evaluation	
f. Quality Assurance Protocols	
g. Administrative Support	
h. Special Health or Safety Requirements	
3. Staffing Plan	
a. Key Personnel / Managers	
b. Staffing Levels & Qualifications	

- c. Job Descriptions
- d. Personnel Organization Chart
- e. Point of Contact Identified
- f. Recruitment, Hiring & Retention Plan
- g. Staff Training / Education / Development
- h. Hours of Operation & Hours of Service Provision

4. Data and Technology

- a. E-Mail / Internet Capabilities
- b. IT Infrastructure / Hardware / Software Quality
- c. Data Collection / Storage
- d. Reporting Capability
- e. Methods of Communication
- f. Evaluation / Outcome Measures

5. Subcontractors

- a. Legal Name of Agency, Address, FEIN
- b. Contact Person, Title, Phone, Fax, E-mail
- c. Services Currently Provided
- d. Services To Be Provided Under Subcontract
- e. Subcontractor Oversight
- f. Subcontract Cost and Term

Note for the next two items: A summary paragraph of both plans must be included in the main proposal, but the full Work Plan and Evaluation Plan documents will be included as attachments.

6. Work Plan

- a. Services to be Provided
- b. Tasks, Deliverables
- c. Staff Position(s) responsible.
- d. Target Population for service
- e. Measurable Objectives
- f. Timeframe / Schedule start and end dates
- g. Measurable Objectives

7. Evaluation Plan

- a. Measurable Objective.
- b. Method for Collecting Measure
- c. Data Source
- d. Frequency.
- e. Responsibility
- f. Comments.

8. Additional Information Requested

- a. Questions 1-9

G. Cost Proposal

1. Financial Profile

- a. Annual Budget and Revenues
- b. Financial Standing
- c. Financial Management Systems

d. Revenue Generation / Billing / Third Party Reimbursement

2. Budget and Budget Narrative

- a. Narrative
- b. Budget Summary
- c. Budget Justification
- d. Position Schedule
- e. Subcontractor Costs (Subcontractor Schedule A- Detail).

H. Attachments.

- a. Work Plan
- b. Evaluation Plan including Logic Models
- c. Résumés of Key Personnel
- d. Letters of Reference.
- e. Letters of Collaboration.
- f. Cost Allocation Plan
- g. Audited Financial Statements

I. Forms.

- a. Tobacco Industry Funding and Partnership Certification (DPH)
- b. Consulting Agreement Affidavit
- c. Notification to Bidders
- d. Workforce Analysis

V. APPENDICES

The following appendices are provided for your further information:

A) Minimum Criteria Review Worksheet . . . . .	.44
o Review form to be used for screening proposals as they are received	
B) Preliminary Review Team Technical Criteria Worksheet. . . . .	.46
o RFP evaluation and scoring form to be used by screening committees	
C) Resource List . . . . .	.49
o List of resource documents and materials available in each of the components.	
D) Outline for a Tobacco Use Prevention Program Curriculum. . . . .	.51
o Outlines minimum requirements for a tobacco use prevention curriculum.	
E) List of Intervention Programs and service areas funded under RFP 2015-0904 . . . . .	.52
F) Outline for a Tobacco Use Cessation Program Curriculum. . . . .	.54
o Outlines minimum requirements for a tobacco use cessation program.	
G) Evaluation Plan Summary: Sample Format . . . . .	.57
H) Sample Logic Model . . . . .	.58

The information and forms in this section are for your reference only. The forms contained herein will be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically.

Do not include any of the forms included here with your proposal, they are provided for your information.

I) Nondiscrimination Certification Instructions . . . . .	.60
J) Nondiscrimination Certification . . . . .	.61
K) Gift and Campaign Contribution Certification . . . . .	.62
L) False Claims Act Compliance Notification . . . . .	.64
a. False Claims Act Policy . . . . .	.65
b. False Claims Act Procedure . . . . .	.68
M) SEEC Form 11 Definitions . . . . .	.71

A) MINIMUM CRITERIA REVIEW CHECKLIST
DPH RFP # 2016-0905: Best Practices in Tobacco Control

COMPONENT _____

APPLICANT:			
		Yes	No
Letter of Intent:	Received by November 3, 2016 11:59 PM EST		
Proposal due date and time:	November 22, 2016 by 2:00 PM EST		
	One original proposal indicating the component(s) being applied for:		
	-Original must have original signatures		
	-Must be clearly marked as ORIGINAL.		
	-Seven (7) conforming copies of the original proposal		
	-One conforming electronic copy of the original proposal		
Proposal Format:	Required Outline:		
	A)Cover Sheet –Applicant Information Form Completed		
	B)Table of Contents		
	C)Declaration of Confidential Information		
	D)Conflict of Interest – Disclosure statement		
	E)Executive Summary (three pages allowed)		
	Summary of Services that defines the scope of the project and anticipated short term results		
	F)Main Proposal		
	1) Contractor Information-Organizational Profile and Service Area		
	2) Scope of Services		
	3) Staffing Plan		
	4) Data and Technology		
	5) Subcontractors		
	6) Work Plan		
	7) Evaluation Plan		
	8) Questions Answered		
	Cost Proposal:		
	1) Financial Profile		
	2) Budget and Budget Narrative (Budget Justification and Schedules)		
	Attachments:		
	Work Plan		
	Evaluation Plan including Logic Model		
	Resumes for professional and management staff		
	Two letters of reference from previous employer/grantors		
	Three letters of support and collaboration from community		

	organizations and project partners		
	Cost Allocation Plan if charging Administrative and General Costs		
	Audited Financial Statements		
	Forms:		
	Tobacco Industry Funding and Partnership Certification		
	Consulting Agreement Affidavit (OPM Ethics Form 5)		
	Acknowledgement of Contract Compliance/Notification to Bidders Form		
	Workforce Analysis Form		
Style Requirements	Use a single binding clip, no staples or more permanent binding		
	Page Limit: 25 pages (does not include Attachments and Forms)		
	2-sided printing		
	Font Size 12		
	1-inch margins, 1 1/2 minimum spacing		
Pagination	Proposer's name on header of each page.		
	All pages numbered in the footer		
Budget and Budget Narrative Contents:	Direct Costs are defined and justification includes complete description of all line items		
	No Indirect Costs are included in the project price		
	Cost Allocation Plans are enclosed for any costs that are included in the budget that are allocated via an allocation plan.		
	If providing direct services:		
	Number of Clients to be served is clearly defined		
	Cost per person is identified		
	Detail included for what costs are incorporated into the services provided		
	If providing services on a fee-for-service basis:		
	Cost per client is clearly defined		
	Breakdown provided as detail of what that cost contains		

B) PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

RFP # 2016-0905: Best Practices in Tobacco Control

COMPONENT _____

Applicant _____

Proposals must receive a minimum score of 70% in order to be considered for funding

	Max Points	Comments	Score
1.) Organizational Profile and Service Area 10%, 30 Points			
The extent to which the applicant has provided and/or demonstrated:	30		
<ul style="list-style-type: none"> a. Experience providing similar services; b. Service Area to be covered; c. Answers to Questions # 5 and 6 d. Need for services <p>(Also see below for bonus points for provision of services in the Eastern portion of the state - New London, Tolland and Windham Counties)</p> <ul style="list-style-type: none"> e. Letters of collaboration and support that show evidence and level of assistance they will provide to the project; f. Experience with community and other collaborative projects in the cities/towns in which program will be located and plan to collaborate with other partners/subcontractors. g. Letters of Reference that provide evidence of applicant's success implementing similar services. h. Answers to Questions # 7, 8 and 9 			
2.) Scope of Services 20%, 60 Points			
The rationale provided and solutions appear to be feasible: The extent to which services to be provided are described clearly and cover requirements outlined in the RFP for this component:	60		
<ul style="list-style-type: none"> a. The Applicant has demonstrated an effective approach to providing services and/or performing identified tasks b. Services will be provided that are culturally and linguistically appropriate c. Services and materials will follow best practices recommendations d. The applicant has described the target population for all interventions. The extent to which services to be provided will target disparate populations within the service area e. Applicant identifies appropriate available resources to utilize for program development f. Applicant incorporates creativity into program components 			
3.) Staffing Plan and Subcontractors 10%, 30 Points			
Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).	30		
<ul style="list-style-type: none"> a. The extent to which adequate time is allocated to manage the services 			

<p>to be provided: The extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided.</p> <p>b. To what extent has the proposer allocated a sufficient number of staff in the appropriate position classification(s) to perform the full range of services described in the proposal?</p> <p>c. Does the proposer have a qualified program administrator responsible for overseeing the overall operation of the program and functioning as the single point of contact?</p> <p>d. If providing direct cessation services, does the proposer have a qualified coach/ counselor that will be responsible for providing services to program participants?</p> <p>e. Does the proposer identify staff to oversee any necessary day-to-day data collection; including entering any necessary data for reporting on program outcomes and to submit required reports while ensuring data quality and accuracy?</p> <p>f. To what extent has proposer demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors, to ensure that work is effectively completed in a timely manner?</p>			
4.) Data and Technology 10%, 30 points			
<p>The extent to which the applicant has demonstrated the ability to:</p> <p>a. Maintain a data collection system that is capable of tracking and documenting program participant information needed to report on program outcomes.</p> <p>b. Collect, store and report data elements included in the proposed minimum data set as well as data elements to be specified by DPH</p> <p>c. Monitor and maintain data quality assurance including quality improvement modifications, protocols, data elements, software and/or equipment, staff training, and improved communication methods</p> <p>d. Provide required reports and respond to data requests as outlined by DPH</p>	30		
5.) Work Plan 20%, 60 points			
<p>Work plan must include sufficient narrative description for reviewers to understand how services will be carried out by the applicant. Applicants utilizing repetitive direct quotes from the RFP may have points deducted for responsiveness.</p> <p>a. The extent to which a thorough yet realistic work plan is presented with clearly defined tasks to be performed, measurable objectives, and specific, appropriate timelines</p> <p>b. To what extent are the Proposer's overall approaches and/or methods comprehensive &/or technically sound?</p> <p>c. To what extent did the Proposer offer a rationale for choosing a particular approach/method</p> <p>d. Answer to Question 2</p> <p>e. To what extent does Proposer describe in detail the specific actions (tasks, activities, functions) they will perform to fulfill program</p>	60		

<p>requirements.</p> <p>f. To what extent will Proposer perform the tasks/activities and functions in a logical order?</p> <p>g. To what extent will culturally competent services and messages be incorporated into program activities?</p> <p>h. To what extent is the audience to be targeted defined;</p> <p>i. Answers to questions #1, 3, and 4;</p> <p>j. To what extent will program elements be incorporated that resonate with the target audience?</p> <p>k. To what extent were the proposed performance time lines realistic and feasible?</p> <p>l. To what extent did Proposer adequately demonstrate how it will measure and/or prove the completion of major tasks, functions, or activities (e.g. identification of key events/outcomes/deliverables)</p>			
6.) Evaluation Plan 10%, 30 points			
<p>Evaluation Plan incorporates logic model with expected program outcomes over time</p> <p>a. To what extent does the plan include measurable outcomes to assure evidence based programming</p> <p>b. To what extent does applicant address capability to work with independent evaluator and incorporate recommended changes</p>	30		
7.) Budget and Budget Narrative 20%, 60 points			
<p>a. To what extent is the budget cost-effective;</p> <p>b. To what extent is a budget presented that follows eligibility guidelines</p> <p>c. To what extent does the detailed budget include justifications and a breakdown for any components</p> <p>d. To what extent has the applicant demonstrated their long-term plan to assure sustainability once funding expires</p>	30		
<p>e. The fiscal competitiveness of the proposal</p>	30		
Sub-Total			
	300		
<p>Addendum to 1) Organizational Profile and Service Area</p> <p>Bonus points for the provision of services in New London, Tolland and Windham Counties:</p>	10		
Total:			
	310		

C) RESOURCE LIST
RFP # 2016-0905: Best Practices in Tobacco Control

A number of resources that are readily available are listed here for your convenience, to assist with proposal responses:

- 1) Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Program-2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- 2) Youth Activism in Tobacco Control: A Toolkit for Action, Legacy, 2012
<http://truthinitiative.org/>
- 3) Standardized Tobacco Assessment for Retail Settings (STARS) CounterTobacco.org at the University of North Carolina
<http://CounterTobacco.org/>
- 4) Smoking in the Movies Curricula- THUMBS UP THUMBS DOWN- CA
<http://www.scenesmoking.org/>
- 5) Living and Learning Tobacco Free: Creating a Tobacco Free Campus – State of Connecticut, Dept. of Public Health.
http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/tf_campuses.pdf
- 6) Living and Playing Tobacco Free: Creating Tobacco Free Outdoor Spaces in Your Community – State of Connecticut, Department of Public Health.
http://www.ct.gov/dph/lib/dph/hems/tobacco/pdf/tf_outdoors_spaces_guide.pdf
- 7) Changes in the Air: An Action Guide for Establishing Smoke-Free Public Housing and Multifamily Properties- U.S. Department of Housing and Urban Development, Office of Lead Hazard Control and Healthy Homes.
<http://portal.hud.gov/hudportal/documents/huddoc?id=SFGuidanceManual.pdf>
- 8) U.S. Department of Housing and Urban Development, Smoke-Free Housing Toolkits-For Public Housing Authorities and Owners/Managers.
<http://portal.hud.gov/hudportal/documents/huddoc?id=pdfowners.pdf>

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- 9) U.S. Department of Housing and Urban Development, Smoke-Free Housing Toolkits-For Residents.
<http://portal.hud.gov/hudportal/documents/huddoc?id=pdfresidents.pdf>
 - 10) Steps for Enacting a Smokefree College Campus Policy-Americans for Nonsmokers' Rights. <http://www.no-smoke.org/goingsmokefree.php?id=447>
 - 11) Take Local Action - Americans for Nonsmokers' Rights.
<http://www.no-smoke.org/goingsmokefree.php?id=109>
 - 12) Evaluation Toolkit for Smokefree Policies:
http://www.cdc.gov/tobacco/basic_information/secondhand_smoke/evaluation_toolkit/index.htm
 - 13) The Community Guide to Reducing Tobacco Use and Exposure to Secondhand Smoke:
<http://www.thecommunityguide.org/tobacco/index.html>
 - 14) Treating Tobacco Use and Dependence: Clinical Practice Guideline:
http://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm
 - 15) Coverage for Tobacco Use Cessation:
http://www.cdc.gov/tobacco/quit_smoking/cessation/coverage/pdfs/coverage_tobacco_508_new.pdf
 - 16) Introduction to Process Evaluation in Tobacco Use Prevention and Control:
http://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/process_evaluation/pdfs/tobaccousemanual_updated04182008.pdf
 - 17) Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs:
http://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm
 - 18) Designing and Implementing an Effective Tobacco Counter-Marketing Campaign
<https://stacks.cdc.gov/view/cdc/24176/Print>

D) Outline for a Tobacco Use Prevention Curriculum

As part of training youth advocates for tobacco control activities, these specifications must be followed if applicant is planning to incorporate tobacco use prevention programming activities in their proposal. For purposes of this RFP, *youth* is defined as middle and high school aged, 11-18 years old.

Program discussion and activities should be developmentally age and grade appropriate.

Program should incorporate different learning styles and include interactive activities and discussion. Lecture style should be very limited.

Participants should learn without knowing they are learning.

Components to be included in Programming:

- Education about the myths and misleading information that portrays tobacco use as common, normative, and a positive behavior.
 - Include :
 - Education about the immediate and long-term physical, social and financial consequence of tobacco use
 - Short and long term effects
 - Focus on short term effects and vanity
 - What's in tobacco
 - Nicotine addiction risks
 - Cost of tobacco use
 - Industry Marketing Tactics
 - What the Industry really thinks of you and how they target you
 - Types of tobacco/nicotine
 - Media Literacy
 - Actual statistics and social norms of tobacco use
 - What you can do about this to protect yourself, family and friends
 - Skill building to counteract social and media pressure to use tobacco
 - Life Skills- assertiveness, refusal, listening, problem solving, negotiation and coping skills
 - Self-esteem building
 - Advocacy
 - Leadership Skills

E) Intervention Programs and Service Areas funded under DPH RFP #2015-0904

STATE AND COMMUNITY INTERVENTION PROGRAMS

Community Mental Health Affiliates

Service Area: Berlin, Bristol, New Britain, Plainville, Southington, Terryville/Plymouth

Connecticut Alliance of Boys and Girls Clubs

Service Area: Ansonia, Bridgeport, Bristol, Fairfield, Greenwich, Hartford, Middletown, Meriden, Milford, Seymour, Shelton, New Britain, New Haven, New London, Groton, Redding, Ridgefield, Southport, Stamford, Wallingford, Waterbury

Boys & Girls Club of Bristol Family Center

Boys & Girls Club of Greenwich

Boys & Girls Club of Hartford:

- Asylum Hill Boys & Girls Club
- Joseph D. Lapenta Northwest Boys & Girls Club (Blue Hills and surrounding neighborhoods)
- Southwest Boys & Girls Club
- Trinity College Boys and Girls Club
- The Boys & Girls Clubs at Bellizzi School
- The Boys & Girls Clubs at Capitol Preparatory Magnet School
- The Boys Club at the Connecticut Juvenile Training School (CJTS)
- The Boys & Girls Clubs at West Middle Elementary School

Boys & Girls Club of Meriden

Boys & Girls Club of Milford

Boys & Girls Club of the Lower Naugatuck Valley:

- Raymond P. Lavietes Clubhouse in Shelton
- Joel E. Smilow Clubhouse in Ansonia
- Seymour Unit located in the Seymour Community Building
- Elizabeth Shelton School Unit

Boys & Girls Club of New Britain

Boys & Girls Club of New Haven

- Main Club House, Columbus Avenue
- Eastview Terrace
- Lincoln-Bassett Community School
- Westville Manor

Boys & Girls Club of Southeast, New London, Groton

Boys & Girls Club of Redding-Easton
 Boys & Girls Club of Ridgefield
 Naval Submarine Base, New London
 Boys & Girls Club of Stamford - Mary C. Rich Clubhouse
 Ulbrich Boys & Girls Club - Wallingford
 Wakeman Boys & Girls Club

- Southport Clubhouse
- Smilow-Burroughs Clubhouse, Bridgeport
- McKinley School Outreach Extension, Fairfield

Boys & Girls Clubs of Greater Waterbury

Education Connection

Service Area: Barkhamsted, Canaan, Colebrook, Cornwall, Goshen, Hartland, Kent, Litchfield, Morris, New Hartford, Norfolk, North Canaan, Salisbury, Sharon, Torrington, Warren, Winchester, Northwestern Connecticut Community College

Southern Connecticut State University

Southern Connecticut State University
 Central Connecticut State University
 Eastern Connecticut State University
 Western Connecticut State University

CESSATION INTERVENTION PROGRAMS

Hartford Behavioral Health

Service Area: Department of Mental Health and Addiction Services Region 4 (Andover, Avon, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, East Granby, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Hartford, Hebron, Kensington, Manchester, Marlborough, New Britain, Newington, Plainville, Plymouth, Rocky Hill, Simsbury, Somers, South Windsor, Southington, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Windsor, and Windsor Locks)

Meriden Department of Health and Human Services

Service area: Meriden, Plainville, Southington, Wallingford

Midwestern Connecticut Council of Alcoholism

Service Area: Bethel, Danbury, Derby, Kent, New Haven, New Milford, Ridgefield, Sharon, Torrington, Waterbury, Gateway Community College, Naugatuck Valley Community College

F) Outline for a Tobacco Use Cessation Program Curriculum

These specifications must be followed if applicant is planning to incorporate direct tobacco use cessation programming activities into their proposal.

The following services must be provided at a minimum, and the applicant's approach must be addressed in the proposal:

- 1) Provide tobacco use cessation services that are culturally and linguistically appropriate, including all education materials. All services and materials must adhere to the *DHHS Clinical Practice Guidelines – Treating Tobacco Use and Dependence*.
http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf
- 2) Purchase or develop an evidence-based tobacco use cessation curriculum that includes the following: problem-solving skills and the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, discussion of medication options and relapse prevention.
- 3) Train all staff within the agency that will be involved in the tobacco use cessation program in the policies and procedures of the tobacco use cessation treatment program and the curriculum.

Also, if program is in a clinical setting:

- a) Train health care providers and medical staff within the agency in the US Department of Health and Human Services, (DHHS) Public Health Service, Clinical Practice Guideline for Treating Tobacco Use and Dependence, including the adaptations recommended by The American College of Obstetricians and Gynecologists for treating tobacco use in pregnant women.
 - b) Include tracking components (ask, advise, assess, assist, arrange) into a reminder system or flow sheet for incorporation into patient records.
 - c) Orient all clinic staff on the new reminder/tracking system.
 - d) Assess all patients for tobacco use and implement the DHHS clinical practice guidelines into all clinical services, including but not limited to the health consequences of tobacco use, behavior modification modalities, pharmacotherapies and medical aids to control nicotine addiction, and counseling services.
 - e) Refer patients using tobacco products to tobacco use cessation counseling.
- 4) Advertise and market the tobacco use cessation program to agencies and organizations that serve tobacco users in the contractor's area, utilizing earned media and educating legislators on available services to increase referrals. Marketing and outreach activities should focus on reaching the target population(s).
 - 5) Provide individual and group, face-to-face tobacco use cessation counseling sessions that are culturally and linguistically appropriate, including all educational materials at no cost to program participants.
 - a) An evidence-based Tobacco Use Cessation Curriculum must be followed for the provision of these services. Components of the cessation

-
- program must include problem-solving skills and the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, discussion of medication options and relapse prevention.
- b) All persons enrolled must receive an initial individual intensive 30-minute counseling session, regardless of whether they choose to participate in the individual (one-on-one) or group counseling program option.
 - c) Individual counseling programs must consist of no less than five sessions. These five sessions must be face to face, and be at least 20 minutes long.
 - d) Group programs must consist of no less than six sessions. Each session must be a minimum of 60 minutes long.
 - e) Telephone counseling can be used as extra support but will not be considered a substitute for face to face counseling.
 - f) The provision of incentives at sessions beyond the third session is encouraged in order to promote better attendance.
 - g) The provision of incentives to facilitate the collection of follow up data is also encouraged.
- 6) When medically appropriate and approved, medications (which include all FDA-approved nicotine replacement therapies and prescription medications) will be provided for up to 12 weeks per client to assist in the treatment of tobacco use dependence for program participants at no cost to the participant. Records must be kept of all medical materials purchased and provided to program participants including maintenance of an ongoing inventory if appropriate.
- 7) Provide follow up care to prevent tobacco use relapse in the form of a relapse group and/or additional individual counseling. This follow up care curriculum will include coping and problem-solving skills, and the importance of support systems, positive behavioral changes, benefits of staying quit, strategies to manage stress, and additional cessation resources available including the CT Quitline.
- 8) Collect and input data elements into an ACCESS database supplied by DPH.
- a) Data is collected at the following time periods to determine patient status regarding tobacco use:
 - i) Intake at initial enrollment/individual intensive cessation counseling session;
 - ii) Program completion or dropout;
 - iii) Follow up at four months post-enrollment;
 - iv) Follow-up at seven months post-enrollment.

-
- b) Data elements to be collected include, but are not limited to, the following:
 - i) Patient Demographics
 - ii) Medical Materials Administered
 - iii) Tobacco Use Status
 - iv) Quit Status
 - c) De-identified data will be submitted to the Department on a monthly basis.
- 9) Refer patients to the Connecticut Quitline as a secondary support system, as well as to the BecomeAnEx.org website, smartphone application or other tertiary care systems to augment the cessation counseling. A fax referral system is in place to easily refer patients who have given their consent to the Quitline provider, and an electronic medical records referral system can also be established.
- 10) Conduct a client satisfaction survey using an evaluation tool supplied by the Department.
- 11) Collaborate with other entities to minimize expense and maximize services by obtaining community involvement such as through donation of refreshments, incentives, materials, or space; assistance in marketing or improving cultural relevance of the curriculum and materials, transportation assistance and child care services.

Sources of information for tobacco use cessation treatment include:

All services and materials must adhere to the **United States Department of Health and Human Services, Public Health Service, Clinical Practice Guidelines-Treating Tobacco Use and Dependence**

http://www.cdc.gov/tobacco/quit_smoking/cessation/index.htm

Adaptations for tobacco use cessation programs if serving pregnant women:
American College of Obstetricians and Gynecologists: <http://www.acog.org/>

Adaptations for tobacco use cessation programs if serving
lesbian/gay/bisexual/transgender:
How to Run a Culturally Competent LGBT Smoking Treatment Group
<http://lgbttobacco.org/files/Bible.pdf>

Additional Resources:

The CDC funds eight national networks each of which address a specific population experiencing tobacco-related and cancer health disparities:
<http://www.cdc.gov/tobacco/about/coop-agreements/national-networks/>

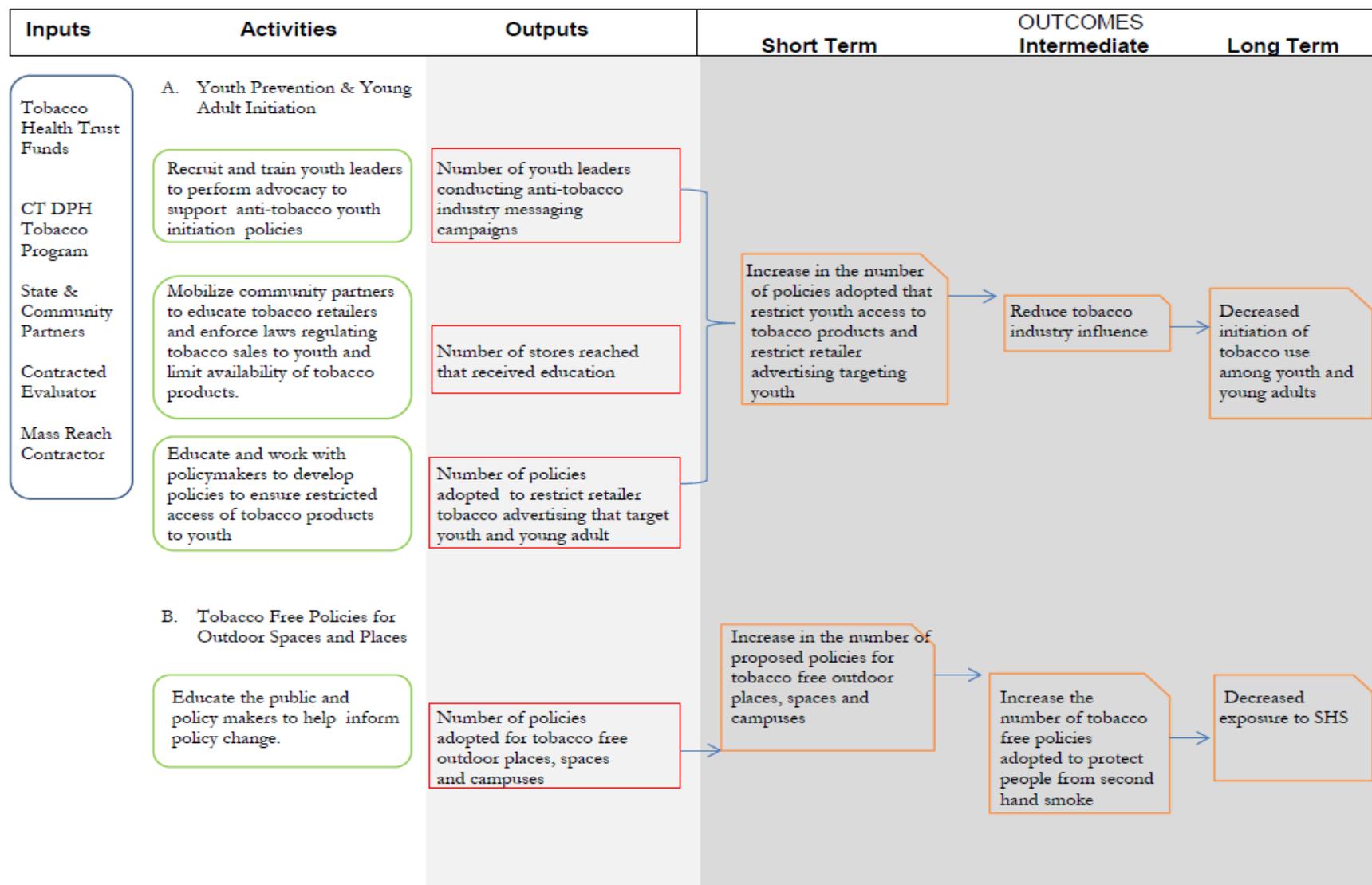
Introduction to Process Evaluation in Tobacco Use Prevention and Control, available at
http://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/process_evaluation/pdfs/tobaccousemanual_updated04182008.pdf

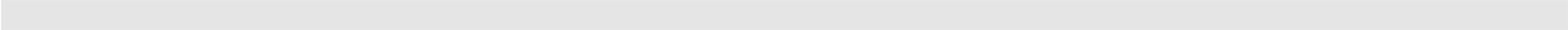
Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs, also available at:
http://www.cdc.gov/tobacco/stateandcommunity/tobacco_control_programs/surveillance_evaluation/key_outcome/index.htm

G) Evaluation Plan Summary Sample Format

Evaluation Question	Indicator/Performance Measure	Data Collection Method	Data Source	Frequency	Responsibility	Comments

H) Sample Logic Model





Appendix I)

Nondiscrimination Certification Instructions

The governing body of your **corporation, company, or entity** must adopt policies and/or pass a resolution adopting and supporting nondiscrimination agreements and warranties as indicated in the attached Certification Form.

If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warranties, as indicated in the *attached* Certification Form.

Individual Use FORM A	Corporation, Company or Entity <i>Use FORM B (under \$50,000) or FORM C (\$50,000 or more)</i>
For an individual, enter your full legal name and address of residence.	Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person <u>named</u> in the Secretarial Certification as authorized to sign. Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same individual.
This does not apply for contracts with individuals.	Enter Corporation / Contractor Name with no abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.
This does not apply for contracts with individuals.	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed	Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed
Enter the Signer's Signature.	Enter the Signer's Signature.

IMPORTANT

Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match typed name **exactly**.

It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form.

The requirement for notarization exists for contracts including funding in excess of \$50,000 per year.

The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable.

Any type of correction fluid or tape is not acceptable! ***



STATE OF CONNECTICUT

GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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

INSTRUCTIONS:

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

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

GIFT CERTIFICATION:

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

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

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

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

CAMPAIGN CONTRIBUTION CERTIFICATION:

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

OPM Ethics Form 1

Rev. 02-01-10
Page 2 of 2



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

Lawful Campaign Contributions to Candidates for the General Assembly:

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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

Printed Contractor Name	Signature of Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 20__.

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only:	
Awarding State Agency	Planning Start Date
Contract Number or Description	

Appendix L

FALSE CLAIMS ACT COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

- ¹ Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
- ² Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.

Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

	False Claims Act (Policy)	PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
Connecticut General Statutes (C.G.S.)	Section 53a-290 Vendor Fraud
Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

The Deficit Reduction Act (“Act”) of 2005 is the federal government’s legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

2.0 Scope

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least \$5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act (“FCA”) and any state false claims laws to all Department employees, contractors and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department’s policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

“CGMS” The Connecticut Department of Public Health, Contracts & Grants Management Section

“Department” The State of Connecticut Department of Public Health

“FCA” False Claims Act

“PFCRA” Program Fraud Civil Remedies Act

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Compliance

4.1 False Claim Act

The FCA prohibits any person, firm, corporation or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than \$5,000 and not more than \$10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of \$5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.

The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

4.2 State False Claim Related Acts

Under Connecticut's Vendor Fraud statute it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state or political subdivision from blacklisting any employee.

4.3 Compliance Reporting

All DPH employees, contractors and agents, are required to report fraud, waste and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
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Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

This procedure provides guidance to the Department of Public Health on informing all employees, contractors and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

2.0 Scope

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers and subcontractors funded by the department.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

<u>"CGMS"</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>"Department"</u>	The State of Connecticut Department of Public Health
<u>"FCA"</u>	False Claims Act
<u>"PFCRA"</u>	Program Fraud Civil Remedies Act
<u>"POS"</u>	Purchase of Service Contract

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See "Contractor or Agent" above.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Process

4.1 Dissemination to the Department's New Employees

4.1.1 The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.

4.1.2 Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department's Existing Employees

Each existing Department employee shall receive a copy of the Department's False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

4.3 Dissemination to Contractors and Qualified Providers

4.3.1 CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.

4.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.

4.3.3 Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.

4.3.4 Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

5.1 The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

Record Name	Responsible	Retention Req.	Location
Employee acknowledgement of receipt of False Claims Policy and Procedure	Human Resources Office	Until employee termination	Employee File
Fully Executed Contract Document	CGMS	3 Yrs. From end date of contract(s)	CGMS Contract File

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

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.

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

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.

VI. APPLICATION FORMS

APPLICATION FORMS: The information and forms included in this section are required for submission of a proposal. The included forms must be completed and included in the proposal submission as applicable.

1. Proposal Cover Sheet: Applicant Information Form	74
2. Applicant Information Form (continuation)	75
3. Main Proposal Outline – Project Narrative and Required Questions	76
4. Project Budget	77
A) Budget Summary	79
B) Budget Justification Schedule B.	80
C) Position Schedule # 2a	81
D) Subcontractor Schedule A – Detail.	82
5. Work Plan Form	83
6. Logic Model Template for Evaluation Plan	84
7. Tobacco Industry Funding and Partnership Certification	85
8. Consulting Agreement Affidavit	86
9. Notification to Bidders	88
10. Workforce Analysis Form.	89

REQUEST FOR PROPOSAL COVER SHEET
State of Connecticut – Department of Public Health
TOBACCO CONTROL PROGRAM

RFP # 2016-0905

BEST PRACTICES IN TOBACCO CONTROL

APPLICATION FOR RFP COMPONENT: (NUMBER)-(TITLE)

Applicant Information

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

E-Mail Address

Contact Person: _____ Title: _____

Telephone No:

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

Applicant Information (continuation)

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

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email	Fax No.	

Incorporated: YES NO

Agency Fiscal Year:

--

Type of Agency: Public Private Other, Explain: _____

Profit Non-Profit

Federal Employer I.D. Number:

--

Town Code No:

--

Medicaid Provider Status: YES NO

Medicaid Number:

--

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (WBE): YES NO

F) MAIN PROPOSAL - OUTLINE for Project Narrative**Organizational Profile**

Purpose, Mission, Vision, Values
 Entity Type / Parent Organization / Years of Operation
 Location of Offices / Facilities
 Location Where Services will be Provided
 Functional Organization
 Current Range of Services /Clients
 Qualifications
 Relevant Experience
 Accreditation / Certification / Licensure
 Governance System
 References

Scope of Services

Anticipated Program Reach
 Estimated Number of People Receiving Services
 Community Collaboration and Engagement
 Service Capacity / Delivery Plan/Systems / Processes / Protocols
 Client Engagement/Consultation /Evaluation
 Quality Assurance Protocols
 Administrative Support
 Special Health or Safety Requirements

Staffing Plan

Key Personnel / Managers
 Staffing Levels & Qualifications
 Job Descriptions
 Personnel Organization Chart
 Point of Contact Identified
 Recruitment, Hiring & Retention Plan
 Staff Training / Education / Development
 Hours of Operation & Hours of Service Provision

Data and Technology

E-Mail / Internet Capabilities
 IT Infrastructure / Hardware/Software Quality
 Data Collection / Storage
 Reporting Capability
 Methods of Communication
 Evaluation / Outcome Measures

Subcontractors

Legal Name of Agency, Address, FEIN
 Contact Person, Title, Phone, Fax, E-mail
 Services Currently Provided
 Services to Be Provided Under Subcontract
 Subcontractor Oversight
 Subcontract Cost and Term

For Project Narrative in the Main Proposal, a summary paragraph of both plans must be included. The full Work Plan and Evaluation Plan are to be included as an attachment.

Work Plan**Evaluation Plan****Additional Information:**

Questions 1-9

A. BUDGET SUMMARY INSTRUCTIONS

1. **Position Schedule #2a**
 - a. Complete the schedule for all positions to be funded, even if currently vacant.
 - b. Complete one Position Schedule (#2a) for each Program/Fund to be included in the Budget.
2. **Personnel** (lines #1 - #2)
 - a. Line #1 **Salary and Wages:** Enter the total salary to be charged, as listed on Position Schedule 2a.
 - b. Line #2 **Fringe Benefits Line:** Enter the total fringe benefits to be charged, as listed on Position Schedule 2a.
3. Lines #3 - #7, #9, and #10: Complete categories as appropriate,
4. Line #8 **Contractual (Subcontracts):**
Provide the total of all subcontracts and complete Subcontractor Schedule.
5. Line #11: **Other Expenses:**
For any other types of expense that do not fit into the categories listed.
For example: Equipment: Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.
 - a. **Audit Costs:**
The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The costs of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit.
Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**
6. Line Item #12: **Administrative and General Costs**
 - a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:
http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.
 - b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
 - c. **Cost Allocation Plans** must be submitted with applications that include budget line items for allocated Administrative and General costs.
7. **Other Program Income:** list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

B. Budget Justification Schedule B

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

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

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

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

C. Subcontractor Schedule A-Detail

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

A. Budget Basis B. Fee for Service C. Hourly Rate.
 - b. Choose whether the subcontractor is a minority or woman owned business:

MBE WBE Neither
 - c. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

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

Applicant Name:

FUNDING and CONTRACT PERIOD: 07/01/2017-06/30-2019

A.) Budget Summary

Program:	Name	Name	Total
1. Salaries & Wages			
2. Fringe Benefits			
3. Contractual (Sub-Contracts)**			
4. Transportation			
5. Materials and Supplies			
6. Facilities			
7. Capital Expenses (> \$5,000)			
8. Client Subsidies			
9. Other Expenses (list)			
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
12. Administrative and General Costs			
Total Project Budget			
Other Program Income			

**Complete Sub-contractor Schedule A

Applicant Name:

C) Position Schedule #2a

Program/Site:

Position Description and Staff Person Assigned	Site/ Location	Hours wk./ wks. per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Name:		/			%	
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
Totals						

*Attach resumes and job descriptions for all Professional Staff

Applicant Name:

D) Subcontractor Schedule A-Detail
 Contract Period: Contract Start Date to Contract End
 Program/Site:

#1

Subcontractor Name:
 Address:
 Telephone: () (-)
 Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate
 Indicate One: MBE WBE Neither

	Program:	Name	Name	Total
Line Item(s)				
Total Subcontract Amount:				

#2

Subcontractor Name:
 Address:
 Telephone: () (-)
 Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate
 Indicate One: MBE WBE Neither

	Program:	Name	Name	Total
Line Item(s)				
Total Subcontract Amount:				

#3

Subcontractor Name:
 Address:
 Telephone: () (-)
 Select One: **A** Budget Basis **B** Fee-for-Service **C** Hourly Rate
 Indicate One: MBE WBE Neither

	Program:	Name	Name	Total
Line Item(s)				
Total Subcontract Amount:				

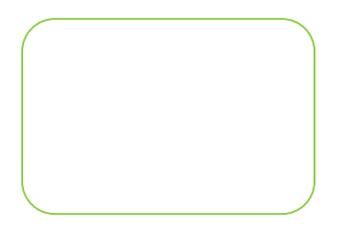
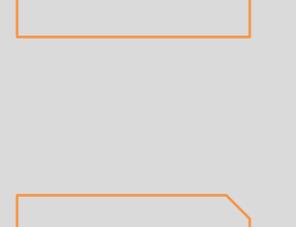
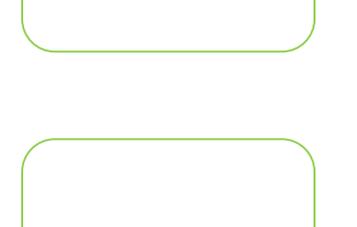
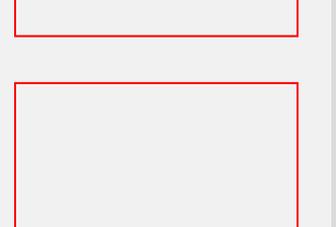
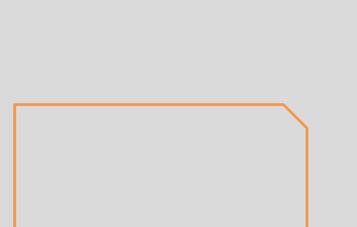
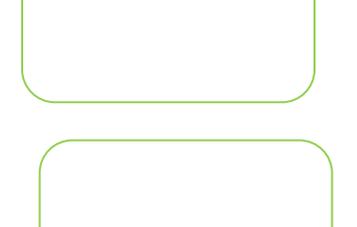
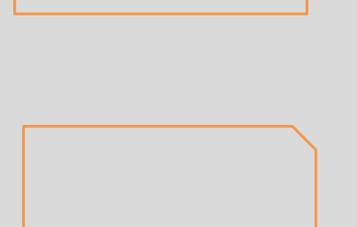
Work Plan

(Make as many blank pages as needed, and form may be set up in either portrait or landscape mode)

Services to be Provided (Provide specifics)	Activities (Tasks/Deliverables)	Staff Position(s) Responsible Target Population for this Activity	Expected Outcomes, Measures of Success	Timeframe for Completion (Include scheduled start and end dates)

Evaluation Plan: Logic Model Template

(Add as many boxes as needed to reflect the proposed program)

Inputs	Activities	Outputs	Short Term	<u>OUTCOMES:</u> Intermediate	Long Term
					
					
					
					

State of Connecticut
Department of Public Health
Tobacco Control Program

Tobacco Industry Funding and Partnership Certification

I, _____ certify that _____ has not
(Agency)
received funding or engaged in partnerships, either formal or informal,
with any Tobacco Company within the last three (3) years.

The above-mentioned agency will not accept funding nor engage in
partnerships with any Tobacco Company during the contract period,
should we be awarded funds from the CT Department of Public Health,
Tobacco Control Program.

Contractor's Authorized Signature

Date

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner

Dannel Malloy
Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations and CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities. Consistent with the Contract Compliance Regulations of Connecticut State Agencies, Sections 46a-68j-21 through 46a-68j-43, DPH encourages bidders, contractors, subcontractors, and suppliers to:

- Develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market
- Develop and follow an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive
- Submit employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the race/sex composition of the workforce in the relevant labor market area
- Develop and follow a plan to set aside a portion of the contract for legitimate minority business enterprises per Section 46a-68j-30(10)(E) of the Contract Compliance Regulations

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to business with DPH shall not:

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Engage in discriminatory practices or permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to show good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH

7/30/2013

Date

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

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

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

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date