

**PROCUREMENT NOTICE**  
**State of Connecticut**  
**Department of Mental Health and Addiction Services**  
**REQUEST FOR APPLICATIONS (RFA)**  
**RFA #DMHAS-PREV-PFS-16**  
**Legal Notice**

Notification of a procurement opportunity for the **Connecticut Partnerships for Success (PFS) 2015 Initiative** required by the Connecticut Department of Mental Health and Addiction Services is available for review, download and printing on the State's Procurement/Contracting Portal at: [www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp).

Bid notices may also be accessed on the Department of Mental Health and Addiction Services web page at: <http://www.ct.gov/dmhas>

The Department of Mental Health and Addiction Services is an Equal Opportunity/Affirmative Action Employer.

Questions may be directed to the DMHAS Contracts Unit at (860) 418-6865.

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**I. GENERAL INFORMATION****■ A. INTRODUCTION**

- 1. RFA Name or Number:** #DMHAS-PREV-PFS-16 Connecticut Partnerships for Success (PFS) 2015 Initiative
- 2. Summary:** The State of Connecticut, Department of Mental Health and Addiction Services (DMHAS) is requesting applications from eligible grantees to implement the federally funded Partnerships for Success (PFS) in Connecticut to address underage drinking and/or prescription drug abuse/misuse prevention.
- 3. Synopsis:** DMHAS is seeking applications from qualified private, non-profit or Connecticut municipality applicants capable of implementing the federally-funded Partnerships for Success Initiative in Connecticut. The selected grantees will implement the Strategic Prevention Framework (SPF) 5 step process within the community identified by the applicant.
- 4. Commodity Codes:** The services that the DMHAS wishes to procure through this RFA are as follows:
  - **2000: Community and Social Services**

**■ B. DEFINITIONS/ACRONYMS**

- 1. Agency:** For the purposes of this RFA, any reference to 'agency' shall refer to the applicant agency responding to this RFA.
- 2. Applicant:** A private, non-profit provider organization, or municipality that has submitted a proposal to the Department in response to this RFA.

*Department:* For the purposes of this RFA, 'Department' shall mean the Connecticut Department of Mental Health and Addiction Services.
- 3. Contractor:** A private, non-profit provider organization, or municipality that enters into a contract with the Department as a result of this RFP.
- 4. Prospective Applicant:** A private, non-profit provider organization, or municipality that may submit a proposal to the Department, but has not yet done so.
- 5. Subcontractor:** An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific service as part of a contract with the Department as a result of this RFA.

**■ C. INSTRUCTIONS**

- 1. Official Contact.** The Department is issuing this Request for Applications (RFA), through its Office of Contract Administration. This Office is the only contact in the State of Connecticut (State) for this competitive bidding process. The Department has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Applicants, prospective applicants, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) about this RFA is strictly prohibited. Applicants or prospective applicants who violate this instruction risk disqualification from further consideration. All questions must be addressed to the Official Contact in writing by e-mail.

**Name:** Lillian Ruiz  
Grants & Contracts Specialist

**Address:** Department of Mental Health & Addiction Services  
410 Capitol Avenue  
PO Box 341431  
Hartford, CT 06134

**Phone:** (860) 418-6865

**E-Mail:** Lillian.Ruiz@ct.gov

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

The Department reserves the right to reject any and all applications or cancel this Request for Applications at any time if it is deemed in the best interest of the State.

- 2. RFA Information.** The RFA, amendments to the RFA, 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 Web Site:  
<http://www.ct.gov/dmhas>
- State Contracting Portal:  
[http://www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp)

It is strongly recommended that any applicant or prospective applicant 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 RFA.

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 RFA is dependent upon the availability of funding to the Department.

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

The Department anticipates the following:

Total Funding Available:	<b>Approximately</b> \$1,210,000 annually
Number of Awards:	<b>Approximately</b> 8
Contract Cost:	To Be Determined
Contract Term:	4 Years, at the discretion of the Department

- 4. Eligibility.** Pursuant to C.G.S. §17a-676, and in accordance with federal grant requirements for use of this funding, the Department may only award contracts for the services requested herein to private nonprofit organizations or Connecticut municipalities. Eligible respondents are private provider organizations (defined as non-state entities that are 501(c)(3) nonprofit corporations or partnerships with principal place of business in Connecticut) or Connecticut municipalities. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

In all cases, applicants must be currently registered to do business in the State of Connecticut with the Connecticut Office of the Secretary of the State.

**5. Minimum Qualifications of Applicants.** To qualify for a contract award, a applicant must have the following minimum qualifications: To be considered for the right to negotiate a contract, a respondent must have the following minimum qualifications:

- a) Qualified private, non- profit, or municipal community-level agencies representing community coalitions in high need communities that will address: 1) alcohol use in youth age 12 to 20; and/or 2) prescription drug misuse or abuse among persons age 12 to 25. High need communities are defined as geographic locations or populations that can demonstrate a need for underage drinking and/or prescription drug misuse prevention programs for the identified age groups within a target population.
- b) Communities that have little or no experience in utilizing the SPF process or that have had limited success implementing the SPF process in the past.
- c) Communities with coalitions that identify a target population at increased risk of substance abuse and related health disparities.
- d) Communities that that can demonstrate existing resources and partnerships to implement the SPF model, such as relationships and data resources.
- e) Applicants with letters of support demonstrating planned coordination and collaboration with the Regional Action Councils and other existing coalitions/community groups.

The aim of this solicitation is to build on the lessons learned from previous administrations of the SPF model which saw a reduction in underage alcohol use, and diffuse the model by engaging communities with little or no experience, or that have had limited success. To that end, agencies with existing Drug Free Communities (DFC) funding or DMHAS Connecticut Strategic Prevention Framework (CSC) funding that wish to apply, must select a community different from the designated DFC or CSC community. The cities of Danbury, Bridgeport and New Haven which have populations over 70,000 are exempt from this rule. This RFA is not open to Wheeler Clinic, The Governor's Prevention Partnership, Cross Sector Consulting, the University of Connecticut Health Center or any Regional Action Council, as they are DMHAS Prevention Infrastructure agencies and already receive non-competitive funds to build the capacity of those implementing direct services, nor is the RFA open to any college or university.

DMHAS reserves the right to reject the submission of any respondent in default with any current or prior contract.

**6. Procurement Schedule.** Dates marked (\*) are target dates only, and may be subject to change. The DMHAS may amend the schedule, as needed. Any change will be made by means of an amendment to this RFA and will be posted on the State Contracting Portal and the DMHAS Web Site.

• RFA Planning Start Date:	January 1, 2016
• RFA Released:	May 2, 2016
• Deadline for Letter of Intent:	3:00 PM, May 16, 2016
• Deadline for Submission of Questions:	3:00 PM, May 23, 2016
• Answers Released:	June 6, 2016
• Deadline for Proposal Submission:	3:00 PM, June 20, 2016
• (*) Applicant Selection:	June 24, 2016
• (*) Start of Contract Negotiations:	July 1, 2016
• (*) Start of Contract:	August 1, 2016

**7. Letter of Intent.** A Letter of Intent (LOI) is required by this RFA. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C.1 of this RFA. LOI's may be submitted by US mail, fax or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. 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 RFA or the Department's procurement process must be directed, in writing, to the Official Agency 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 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 RFA 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 the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all applicants or prospective applicants. The Department reserves the right to answer questions only from those who have submitted an LOI. 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 RFA, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFA on the State Contracting Portal and the Department's Web Site.

**9. RFA Conference.** The Department will not be holding a Bidder's conference related to this RFA.

**10. Proposal Due Date and Time.** The Official Agency Contact is the **only authorized recipient** of Applications submitted in response to this RFP. Applications must be **received** by the Official Agency Contact on or before the due date and time:

- Due Date: June 20, 2016
- Time: 3:00 PM

Faxed or e-mailed proposals will not be evaluated. 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 will either be destroyed or retained for pick up by the submitters.

**An acceptable submission must include the following:**

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as **"Original."** Unsigned proposals will not be evaluated. The original proposal 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 must be compatible with Microsoft Office Word 2007 or greater, or Adobe PDF. For the electronic copy, whenever possible, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format. Electronic copies must be submitted via a USB Drive or Compact Disc with proposal submission.

**11. Multiple Proposals.** The submission of multiple proposals from the same applicant is an option with this procurement. The submission of proposals for program types other than those delineated in this RFA is not an option with this procurement.

**12. Declaration of Confidential Information.** Applicants 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 applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL. In Section C of the proposal submission, the applicant must reference where the information labeled

CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the applicant 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 applicant 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.** Applicants 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 applicant 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 applicant 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 applicant 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 applicant must affirm such in the disclosure statement. *Example: "[name of applicant] 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, of this RFA. 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 of the proposal. Applicants must complete and use the Cover Sheet form provided by the Department as Form #6, in Section IV, of this RFA.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV)
- 4. Executive Summary.** Proposals must include a summary of the main proposal and cost proposal. This summary must not exceed two (2) pages. The executive summary should include: a description of the applicant demonstrated experience, established partnerships and/or collaborations with other community providers, location of program, a brief demonstration of need, a brief agency history, and a brief program philosophy.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFA. Failure to abide by these instructions will result in disqualification.
- 6. Style Requirements.** Submitted proposals must conform to the following specifications:
  - Binding Type: Loose Leaf, Bound with a Butterfly Clip
  - Dividers: No Dividers
  - Paper Size: 8 ½ x 11" (Standard Letter)
  - Print Style: 2-sided
  - Font Size: 12
  - Font Type: Times New Roman
  - Margins: None specified
  - Line Spacing: Single Space
  - Maximum # of Pages: 15 pages maximum, exclusive of Executive Summary, Appendices and Budget forms

7. **Pagination.** The applicant's legal name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes, packages or boxes and must be addressed to the Official Contact. The Legal Name and Address of the applicant must appear in the upper left corner of the envelope, package or box. The RFA Name or Number must be clearly displayed on the envelope, package or box. Any 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 will not be evaluated. At the discretion of the Department, such a proposal may be either 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 RFA. When evaluating proposals, negotiating with successful applicants, and offering the right to negotiate contract 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).

Proposals will undergo three levels of review as described below.

- **Level 1 Review:** Once received, proposals will be screened for completeness and compliance with instructions for submission. Proposals that fail to include all required components will be deemed incomplete and removed from further review considerations. Review criteria include:
    - i. Completeness of application
    - ii. Compliance with submission procedures
    - iii. Eligibility
  - **Level 2 Review:** A scoring grid describing specific elements of each main criterion and the maximum number of points it is worth will be used. The reviewers will assign points on a sliding scale from 0 if the proposal has not met the criterion up to the maximum score if the proposal surpasses the criterion. Each proposal will be scored on the quality of responses within three main elements:
    - i. Program Narrative
    - ii. Budget Narrative and Justification
    - iii. Appendices
  - **Level 3 Review:** Proposals recommended for approval based on their technical merit will be assessed on the applicant's prevention experience and organizational capacity
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFA. 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 applicant (or representative of any applicant) to contact or influence any member of the Screening Committee may result in disqualification of the applicant.
  3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFA. 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 RFA.
  4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening



Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria may be weighted by the Screening Committee according to their relative importance. Proposals will be rated using a point scoring system that assesses how well the applicant addressed requirements set forth in this RFA. The maximum score across all evaluation criteria is 100 points as follows:

<b>1. Agency Description and Experience:</b>	<b>10 Points</b>
<b>2. Program Narrative:</b>	<b>50 Points</b>
▪ Community Description	20 points
▪ Coalition Description	20 points
▪ Current Community Survey Data	10 points
<b>3. Management Plan:</b>	<b>20 Points</b>
<b>4. Budget Narrative and Justification:</b>	<b>10 Points</b>
<b>5. Appendices:</b>	<b>10 Points</b>

Note: As part of its evaluation, the Screening Committee will consider the applicant's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. **Applicant Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful applicant is at the discretion of the Department head. Any applicant 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 applicants will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and applicant selection process.
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful applicants may contact the Official Contact and request information about the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department will be considered "day one" of the ten (10) days. If unsuccessful applicants 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.** Applicants may appeal any aspect the Department's competitive procurement, including the evaluation and applicant selection process. Any such appeal must be submitted to the Department head with a copy of the appeal being sent to the Official Contact. A applicant may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful applicants about the outcome of the evaluation and applicant selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department 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 RFA is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

### ■ A. STANDARD CONTRACT, PARTS I AND II

*By submitting a proposal in response to this RFA, the applicant implicitly agrees to comply with the provisions of the State's "standard contract" for the services requested herein:*

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

Note:

Included in the standard contract is the State Elections Enforcement Commission's (SEEC) 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 applicant 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 applicant must inform the applicant'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 applicant (contractor), and, if required, the Attorney General's Office. Part II/III 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 RFA, a applicant implicitly gives the following assurances:*

1. **Collusion.** The applicant represents and warrants that the applicant did not participate in any part of the RFA development process and had no knowledge of the specific contents of the RFA prior to its issuance. The applicant further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the applicant's proposal. The applicant 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 applicant 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 RFA. 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 applicant, contractor, or its agents or employees.
3. **Competitors.** The applicant assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFA. No attempt has been made, or will be made, by the applicant to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The applicant 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 applicant knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor. This section shall not apply when proposals are being submitted to operate a collaborative program provided by one or more separate entities.
4. **Validity of Proposal.** The applicant certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFA 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 applicant.

5. **Press Releases.** The applicant agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFA or any resultant contract.

■ **C. TERMS AND CONDITIONS**

*By submitting an application (proposal) in response to this RFA, a applicant 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 liability for expenses incurred by applicants in preparing, submitting, or clarifying proposals submitted in response to this RFA.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Applicants 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 applicants to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the applicant'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 applicant 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 applicants invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per applicant.
7. **Presentation of Supporting Evidence.** If requested by the Department, a applicant 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 RFA. The Department may make onsite visits to an operational facility or facilities of a applicant to evaluate further the applicant's capability to perform the duties required by this RFA. At its discretion, the Department may also check or contact any reference provided by the applicant.
8. **RFA Is Not An Offer.** Neither this RFA 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 applicant unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the applicant 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 applicant or for payment of services under the terms of the contract until the successful applicant 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 RFA, a applicant implicitly accepts that the following rights are reserved to the State:*

- 1. Timing Sequence.** The timing and sequence of events associated with this RFA shall ultimately be determined by the Department.
- 2. Amending or Canceling RFA.** The Department reserves the right to amend or cancel this RFA 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 RFA, 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 or reject proposals in whole or in part for misrepresentation, or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFA. 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 applicant who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFA 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 RFA shall be the sole property of the State, unless stated otherwise in this RFA or subsequent contract. The right to publish, distribute, or disseminate any or 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 RFA. The Department further reserves the right to contract with one or more applicant for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from applicants. 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 applicant and subsequently awarding the contract to another applicant. 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 applicant is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the applicant.
- 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 applicant'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 RFA, the applicant 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).** 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). Applicants are generally advised not to include in their proposals any confidential information. If the applicant indicates that certain

documentation, as required by this RFA, 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 applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While an applicant 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 (Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: Applicant must complete and submit Ethics Form 5 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 an applicant is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the applicant 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](http://www.ct.gov/opm/fin/ethics_forms)
- 5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If an applicant is awarded an opportunity to negotiate a contract, the applicant must provide the Department with *written representation* or *documentation* that certifies the applicant 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](http://www.ct.gov/opm/fin/nondiscrim_forms)  
IMPORTANT NOTE: The successful applicant must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### III. PROGRAM INFORMATION

#### ■ A. DEPARTMENT OVERVIEW

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

The DMHAS Prevention and Health Promotion (PHP) Unit, within the Statewide Services Division, has the mission to ***"Reduce the incidence of problem behavior and improve the health and well-being of Connecticut's citizens by maintaining a coordinated, effective and accountable system of prevention services."*** The PHP Unit's vision is "A statewide behavioral health prevention system that promotes healthy lifestyles for Connecticut's citizens," consistent with DMHAS' overall mission.

In 2005, the federal Substance Abuse and Mental Health Services Administration (SAMHSA) introduced the Strategic Prevention Framework (SPF) as its principal planning process that incorporates the public health model, the socio-ecological model, and community organizing. The five steps of the SPF guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.

The statewide substance abuse prevention and mental health promotion infrastructure, managed by the PHP Unit, is predominantly funded with the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG), and is therefore also driven by the five steps of the SPF. These steps include:

- 1) conducting an assessment of community needs, resources and readiness;
- 2) community mobilization and capacity building;
- 3) planning;
- 4) implementing evidenced-based strategies and practices; and
- 5) monitoring and evaluating efforts for short and long-term outcomes and continuous quality improvement.

The SPF also includes the use of strategies that ensure cultural competence and increase the sustainability of program outcomes over time. The PHP is committed to the SPF planning process and intends to institutionalize it throughout all its funded programs.

This PFS initiative will **focus on the reduction of health disparities** related to substance use risk and consequences in communities that are faced with challenges in terms of resources and infrastructure.

For the PFS, health disparities are defined utilizing the Centers for Disease Control and Prevention's definition: ***"A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."***

#### ■ B. PROGRAM OVERVIEW – PARTNERSHIP FOR SUCCESS 2015 INITIATIVE

This RFA is intended to fund **high need communities** to achieve measurable decreases in substance use and related problems, through implementation of the SPF process. DMHAS will fund **community coalitions** or agencies representing community coalitions that are able to **demonstrate a high need for prevention programs and strategies** designed to reduce: 1) alcohol use in youth age 12 to 20, and/or 2) prescription drug misuse or abuse among persons age 12 to 25. Other substance use priorities, such as marijuana or heroin use, that adversely affect the community, as identified through a needs assessment may be addressed as well. However, grantees will be required to address one or both of the priority problems - underage drinking and prescription drug misuse in the age groups referenced above.

Communities will be selected through a competitive process to address youth and young adult alcohol use and prescription drug abuse and misuse with a focus on reducing health disparities. These communities must be

represented by a coalition consisting of key community stakeholders and will utilize comprehensive prevention approaches approved by a state-level Evidence-Based Program Workgroup.

Applicants are required to identify the community coalition and provide evidence of participation from key community stakeholders. Applicants are also **required to have access to local data**. Applicants must implement a student survey or community survey, dependent upon the target population and evidence-based strategies selected. At a minimum, applicants will need to report on 30-day use rates for their target population for alcohol and prescription drug misuse.

### 1. State-Wide Program Goals:

- Prevent and reduce the progression of underage drinking for individuals aged 12-20;
- Prevent and reduce prescription drug and illicit opioid misuse and abuse in 12-25 year olds;
- Strengthen capacity and infrastructure to implement data-driven, evidence-based policies, practices and programs; and
- Align strategies and redirect existing services and leverage resources to sustain efforts.

**2. Strategic Prevention Framework (SPF) Steps and Grantee Expectations:** Below is a summary of the SPF 5-Step process that communities will be required to implement for target populations and sub-populations with health disparities. Funded coalitions will receive an abundance of training and technical assistance to implement each step.



The Strategic Prevention Framework (SPF) involves the following five-step process:

1. Conduct a community **needs assessment**
2. Mobilize and/or **build capacity** to address identified needs
3. Develop a comprehensive, data –driven **strategic plan**
4. **Implement** evidence-based prevention programs
5. Continuously monitor the process, **evaluate** effectiveness (outcomes)

**For additional information and resources:** <http://www.samhsa.gov/capt/applying-strategic-prevention-framework>

- 3. Assessment:** Each grantee will complete a community needs assessment for the target population and community they identify in their application. During the needs assessment process, grantees will identify high-risk groups (subpopulations) experiencing health disparities including but not limited to groups defined by: age, culture, race, ethnicity, gender, sexual orientation (LGBT), or other groups, such as veterans, people with incarceration history and/or their families, those with mental health or substance abuse history, victims of domestic violence, immigrants etc.
- 4. Capacity Building:** In this phase, grantees will be provided with opportunities for training and technical assistance to build capacity and readiness to mobilize the coalition in order to plan and implement evidence-based strategies specific to the substance abuse issue identified in the assessment phase.
- 5. Planning:** Following capacity building, grantees will draft and submit a **Strategic Plan**. The Strategic Plan will contain interventions that are evidence-based and include at least one environmental prevention strategy.

- 6. Implementation:** Upon approval of the Strategic Plan, the **implementation phase** will begin. During this phase, grantees will implement and continuously evaluate their Strategic Plan.
- 7. Monitoring and Evaluation:** Ongoing monitoring and evaluation will be required to assess the progress, effectiveness and quality of implemented programs, policies and practices. Grantees are expected to: hire an independent evaluator; collect, analyze and submit program data; and participate in national cross site evaluation of the PFS.
- 8. Other Expectations:**
- **Cultural Competence:** Grantees must address cultural competence throughout the implementation of the SPF steps. Technical assistance on cultural competence, addressing the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards), will be provided as part of the PFS's ongoing capacity building efforts.
  - **Youth/Young Adult Peer Involvement:** Grantees must hire a paid youth or young adult peer advocate for a minimum of 5 hours per week that will work under the guidance of the Program Coordinator to help: develop collaborative partnerships; provide opportunities for youth or young adults to work directly with the coalition in all steps of the SPF; and represent the coalition on statewide youth advisory boards.
  - **Sustainability:** Sustaining effective policies, practices, and programs is a key focus of the SPF and requires cooperation and collaboration with existing community agencies and coalitions.
  - **Post Funding Compliance Measures:** Upon contract award, the selected Contractor(s) will be expected to adhere to the following compliance measures:
    - i. Develop and submit to DMHAS an annual budget narrative and work plan that describes how the awardee will address identified goals and objectives in its strategic plan. The work plan shall be in a format determined by DMHAS.
    - ii. Grantees must work with a local evaluator, and set aside no less than 10% of annual grant award per year of funding for evaluation services; including data collection, data entry and surveys.
    - iii. Develop, with the local evaluator selected, an evaluation plan that describes how the awardee will collect process and outcome data that address the identified goals and objectives in its strategic plan and submit it to DMHAS. The evaluation plan shall be in a format determined by DMHAS.
    - iv. Attend and participate in meetings, trainings and ongoing project monitoring and technical assistance activities as directed by DMHAS.
    - v. Participate in state and federal level evaluation activities as instructed by DMHAS.
    - vi. Collect and enter process and outcome data and complete bi-annual reports using the web-based data system identified by DMHAS and SAMHSA.
    - vii. Report on 30-day use rates for the target population for alcohol and prescription drug misuse.
    - viii. Set aside resources to sufficiently address data collection needs such as survey implementation and analysis.

## ■ C. MAIN PROPOSAL COMPONENTS

**Applicants must clearly describe the following components:**

- 1. Agency Description and Experience:** Applicants must clearly describe the applicant agency's mission, history and organizational structure and their relationship and history with the coalition that will operationalize the SPF. Proposals must include, at a minimum:
- (a) Agency Name, Mission, Geographical Location and Population Served;



- (b) Agency Organizational Structure, Staff Numbers and Volunteer Base (if applicable);
- (c) Agency Key Partners (Non-Profit or Community-Based Organizations, Schools, Local Government, Faith Communities, etc.); and
- (d) History of the Agency’s relationship to the coalition that will operationalize the SPF for PFS, to include:
  - When the partnership was established;
  - Why the partnership began;
  - How the relationship has evolved over time; and
  - What challenges the agency and coalition faced in the formation and operation of the partnership and how those challenges were overcome.

**2. Program Narrative:** Proposals should address each of the following areas. Proposals must provide detailed explanations as to how each of the listed components will be provided/accomplished:

- (a) Community Description: Provide a community description that identifies and describes the geographic and/or target population where the SPF will be implemented. Summarize why this geographic area/target population was selected and describe its associated need and readiness. The table below must be completed and included in this section of the proposal regarding indicators of high need in the applicant community. Include, at a minimum, the following information with supporting data:
  - i. A description of the community in which the SPF process will be implemented including geographic boundaries and characteristics of the community that will implement the SPF process;
  - ii. An identification of the key socio-demographic and cultural characteristics of the community;
  - iii. A description of the proposed target population within the identified community and why this target population was selected;
  - iv. A description of underserved populations and/or non-traditional subgroups experiencing health disparities within the proposed target population;
  - v. An overview of substance abuse problems within the proposed target population; including risk and protective factors;
  - vi. An identification of community resources and assets, including major service providers and organizations;
  - vii. A summary of public support for or resistance to implementing substance abuse prevention efforts (readiness); and
  - viii. “High Need” Data Indicator Table: Data may include but is not limited to the information suggested in the table below:

<b>“High Need” Indicators</b>	<b>Community Level Data</b>	<b>Data Source and Year</b>	<b>Not Available or Not Applicable</b>
% Unemployed			
% Students receiving free or reduce lunch			
School dropout rate			
Teen Pregnancy Rate			
DUI Arrests			
Drug Arrests			
Overdoses			
Violence			
AOD-related ED visits			
Other: (please list)			

Suggested sources for data include but are not limited to:

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

- (b) **Coalition Description:** Identify and describe the coalition within the proposed service area/community that will implement the SPF with the proposed target population. Include the following information about the coalition with supporting data:
- i. Coalition name, mission and vision;
  - ii. Coalition representation of these twelve community sectors – Youth and Parents (particularly from the focus population), Business Community, Media, Schools, Youth-Serving Organizations, Law Enforcement Agencies, Faith-Based Organizations, Civic and Volunteer Groups, Healthcare Professionals, Government Agencies, other prevention organizations including local substance abuse and mental health organizations, and the recovery community when relevant; *Include titles, organization/community sector members represent, length of involvement with the coalition.*
  - iii. How the coalition reflects the socio-demographic, cultural diversity and groups(s) experiencing health disparities for the community being served;
  - iv. Coalition’s experience with prevention and health promotion issues across the lifespan;
  - v. Coalition’s history of service to the community, major accomplishments and partnerships with the identified target population that will be engaged in the SPF process;
  - vi. Description of the coalition’s capacity to implement the SPF, as outlined above; Why is now a good time for the coalition to begin utilizing the SPF model?
  - vii. Coalitions’ experience using data to plan and evaluate public health prevention and health promotion programs and strategies, including the strengths and barriers in these efforts; and
  - viii. Commitment to cultural competence and ability to implement a culturally competent SPF process.
- (c) **Current Community Services Data:** Applicants must utilize the table below to indicate their experience with or ability to collect required community level consumption data (30 day use of alcohol and prescription drug misuse), with support from a contracted evaluator. Indicate whether the coalition currently has access to or may obtain access to the data sources noted within the table. Comments regarding data accessibility or parameters should be included within the table, but are not required.

<b>Data Indicator:</b>	<b>Potential Local Data Source:</b>	<b>Applicant/coalition currently has access to these data? (Yes/No)</b>	<b>Applicant/coalition has the ability with help from an evaluator to collect these data (Yes/No)</b>	<b>Comments:</b>
1. 30-day alcohol use or prescription drug misuse and abuse	Community or School Survey			
2. Age of initiation for underage drinking and prescription drug misuse	Community or School Survey			
3. Binge drinking	Community or School Survey			
4. Perception of parental or peer disapproval	Community or School Survey			
5. Alcohol and/or drug-related car crashes, fatalities and injuries	Local Law Enforcement			
6. Alcohol- and drug-related crime	Local Law Enforcement			
7. Family communication around drug use	Community or School Survey			
8. Alcohol and prescription drug-related emergency room visits	Local Hospital			
9. Alcohol and drug related suspensions and expulsions	Local Department of Education			
10. Drug Treatment Admissions by Primary Substance	DMHAS/Regional			

	Action Councils			
11. Underage Liquor Law Violations	Local Law Enforcement			
12. Driving Under the Influence (DUI) arrests	Local Law Enforcement			

Please address the following questions regarding access to a school or community survey:

- i. Are there recent, within the past 4 years, school or community survey data on substance use available, that represent the proposed target population? If no, please skip questions 2 and 3.
  - ii. Identify the survey tool used to collect the data, the most recent data collection date, and the population surveyed;
  - iii. What types of data were collected in this process?
  - iv. If student or community survey data are not available:
    - Indicate how data for the proposed target population, including 30-day use rates for alcohol and prescription drug misuse, may be obtained within 2 years of the grant award.
    - Who are the current partners that would support such a data collection process?
- 3. Management Plan:** Provide a table of organization in Appendix 5, including the applicant organization and the coalition. A corresponding managerial plan indicating who will direct and be responsible for the coordination of the program and program deliverables is to be included under the management plan. The management plan is intended to provide a narrative that corresponds with the table of organization and proposals must describe, at a minimum, the following:
- (a) Program Coordinator: The management plan requires identification of one full time Program Coordinator with their qualifications and past experience in implementing the SPF or similar public health planning model, or provide a detailed job description for a prospective Program Coordinator. The final selection of an individual to fill this position is subject to DMHAS review and approval. It is the Department's expectation that the Program Coordinator will be responsible for:
    - i. SPF program coordination with identified community coalition;
    - ii. Serving as the primary liaison to DMHAS;
    - iii. Attending trainings, technical assistance meeting and conferences;
    - iv. Fully cooperating with the DMHAS contracted Training and Technical Assistance Service Center (TTASC);
    - v. Submitting planning documents and completing all data reporting in the DMHAS prevention data collection system; and
    - vi. Collaborating with the local evaluator and ensure evaluation deliverables.
  - (b) Peer Advocate: Additionally the management plan must include designation of, at a minimum, one, paid youth or young adult (individual under the age of 25) peer advocate that will work at least 5 hours per week under the guidance of the Program Coordinator to:
    - i. Develop collaborative partnerships with school and community youth groups;
    - ii. Provide opportunities for youth to work directly with the coalition in all steps of the SPF; and
    - iii. Represent the coalition on the Governor's Prevention Partnership (GPP) youth advisory board.

## ■ D. COST PROPOSAL COMPONENT

### 1. Financial Requirements

If the applicant is not a current DMHAS contractor, a copy of the applicant's most recent financial audit must be included in the proposal, through Section H. This is required to prove the financial stability and viability of the applicant agency.

**2. Budget Requirements**

Applicants must use the provided budget narrative and justification forms to prepare a Budget Narrative and Justification Plan and address the following points. Applicants must be mindful to include potential costs of implementing strategies such as media, enforcement, public education, etc.

- Describe how the applicant intends to maximize use of existing community resources and services, or other subsidized programs.
- Describe the extent of "in-kind" resources (ex. Donated office or event space, volunteer time, etc.), or personnel the applicant will provide to this program.

**■ E. APPENDICES AND FORMS**

The following appendices must be included in the application, as Section H. These appendices must not be used to extend or replace sections of the Program Narrative, and no other appendices are permitted for inclusion in the application.

1. Appendix 1: If the applicant agency is not a municipality, proof of non-profit status must be provided as Appendix 1.
2. Appendix 2: Proof of the applicant agency's Connecticut Business License (issued through the Office of the Secretary of the State) must be provided as Appendix 2.
3. Appendix 3: Biographical Sketches/Resumes for Existing Staff and/or Job Descriptions for New Positions
4. Appendix 4: Letters of Support/Collaboration demonstrating planned coordination and collaboration with the DMHAS Resource Links; Regional Action Councils, Training and Technical Assistance Service Center (Cross Sector Consulting); Governors Prevention Partnership; Connecticut Clearinghouse; UConn Center for Prevention Evaluation and Statistics; and existing coalitions/community groups.
5. Appendix 5: Organizational Structure (Table of Organization)
6. Appendix 6: Copy of Most Recent Financial Audit (If not a current DMHAS-funded agency)

In addition to the required appendices, the forms included in this RFA and delineated in Section IV must be completed in their entirety and returned with all applications. Completion and inclusion of such forms will constitute partial scoring in this category.

**IV. PROPOSAL OUTLINE**

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<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	
<b>E. Executive Summary.</b> . . . . .	
<b>F. Main Proposal</b> . . . . .	
<b>1. Agency Description and Experience</b> . . . . .	
a. Agency Name / Mission / Location . . . . .	
b. Organizational Structure / Staffing . . . . .	
d. Key Partners . . . . .	
e. History of Relationship with Coalition . . . . .	
<b>2. Program Narrative</b> . . . . .	
a. Community Description . . . . .	
b. Coalition Description . . . . .	
c. Current Community Service Data . . . . .	
<b>3. Management Plan</b> . . . . .	
<b>4. Subcontractors</b> . . . . .	
<i>If the proposal includes the use of subcontractors, please detail the following. If this proposal is being submitted as a stand-alone program, this section of the proposal may be omitted.</i>	
a. Legal Name of Agency, Address, FEIN . . . . .	
b. Contact Person, Title, Phone, Fax, E-mail . . . . .	
c. Services To Be Provided Under Subcontract . . . . .	
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<b>G. Cost Proposal</b> . . . . .	
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c. Biographical Sketches / Resumes . . . . .	
d. Letters of Support/Collaboration . . . . .	
e. Table of Organization . . . . .	
f. Financial Audit . . . . .	

- I. **Forms** . . . . .
- a. **Form #1:** Gift and Campaign Contribution Certification . . . . .  
*This form must be completed and included in Section I of the proposal.*
- b. **Form #2:** Consulting Agreement Affidavit . . . . .  
*This form must be completed and included in Section I of the proposal .*
- c. **Form #3:** Acknowledgment of Contract Compliance . . . . .  
*This form must be completed and included in Section I of the proposal.*
- d. **Form #4:** Notification To Bidders . . . . .  
*This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to [www.ct.gov/chro](http://www.ct.gov/chro)*
- e. **Form #5:** Employer Information Report . . . . .  
*This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to [www.eeoc.gov](http://www.eeoc.gov)*
- f. **Form #6:** Cover Sheet . . . . .  
*This form must be completed if the proposal is being submitted for a program NOT currently under contract with the Department.*
- g. **Form #7:** Budget . . . . .  
*This form must be completed and included in Section I of the proposal*



## STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

*Written or electronic 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)*

### 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 if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

- CHECK ONE:**     Initial Certification     12 Month Anniversary Update (Multi-year contracts only.)
- Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

### 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 a twelve-month anniversary 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) "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 a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

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:

**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

\_\_\_\_\_  
**Printed Name of Authorized Official**

\_\_\_\_\_  
**Signature of Authorized Official**

**Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.**

\_\_\_\_\_  
**Commissioner of the Superior Court (or Notary Public)**





**Acknowledgement of Contract Compliance  
Notification to Bidders**

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes: and when the guarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-11a-1 et seq. of the regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) of the Contract Compliance regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets, belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprises; and (3) who are members of a minority, as such term is defined in sub-section (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “ (1) Black Americans...(2) Hispanic American...(3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians...” The above definitions apply to the contract compliance requirement virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

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

- (a) the applicant’s success in implementing an affirmative action plan;
- (b) the applicant’s success in developing an apprenticeship program complying with Sections 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) the applicant’s promise to develop and implement a successful affirmative action plan;
- (d) the applicant’s submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- (e) the applicant’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-11a-3(10) of the Contract Compliance Regulations.

\* INSTRUCTIONS      Applicant must sign acknowledgment below, and return acknowledgment to awarding agency along with signed proposal.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FORM #4****BIDDER CONTRACT COMPLIANCE MONITORING REPORT**

## PART I - Bidder Information

(Page 1)

Company Name Street Address City & State Chief Executive	Bidder Federal Employer Identification Number _____ Or Social Security Number _____
Major Business Activity (brief description)	Bidder Identification (response optional/definitions on page 1) _____ -Bidder is a small contractor. Yes No -Bidder is a minority business enterprise Yes No (If yes, check ownership category) Black Hispanic Asian American American Indian/Alaskan Native Iberian Peninsula Individual(s) with a Physical Disability Female _____
Bidder Parent Company (If any)	- Bidder is certified as above by State of CT Yes__ No__
Other Locations in Ct. (If any)	- DAS Certification Number _____

## PART II - Bidder Nondiscrimination Policies and Procedures

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

Part III - Bidder Subcontracting Practices

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

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

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes\_\_ No\_\_

PART IV - Bidder Employment Information

Date:

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

PART V - Bidder Hiring and Recruitment Practices

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification  (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination	
SOURCE	YES	NO	% of applicants provided by source				
State Employment Service				Work Experience			
Private Employment Agencies				Ability to Speak or Write English			
Schools and Colleges				Written Tests			
Newspaper Advertisement				High School Diploma			
Walk Ins				College Degree			

Present Employees					Union Membership
Labor Organizations					Personal Recommendation
Minority/Community Organizations					Height or Weight
Others (please identify)					Car Ownership
					Arrest Record
					Wage Garnishments

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

(Signature)	(Title)	(Date Signed)	(Telephone)
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- Joint Reporting Committee
- Equal Employment Opportunity Commission
- Office of Federal Contract Compliance Programs (Labor)

**EQUAL EMPLOYMENT OPPORTUNITY**  
**EMPLOYER INFORMATION REPORT EEO-1**

Standard Form 100  
 REV 01/2006  
 O.M.B. No. 3048-0007  
 EXPIRES 01/2009  
 100-214

**Section A—TYPE OF REPORT**

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX).

- (1)  Single-establishment Employer Report
- (2)  Consolidated Report (Required)
- (3)  Headquarters Unit Report (Required)
- (4)  Individual Establishment Report (submit one for each establishment with 50 or more employees)
- (5)  Special Report

2. Total number of reports being filed by this Company (Answer on Consolidated Report only) \_\_\_\_\_

**Section B—COMPANY IDENTIFICATION** (To be answered by all employers)

1. Parent Company					OFFICE USE ONLY
a. Name of parent company (owns or controls establishment in item 2) omit if same as label					a.
Address (Number and street)					b.
City or town		State	ZIP code		c.
2. Establishment for which this report is filed. (Omit if same as label)					
a. Name of establishment					d.
Address (Number and street)		City or Town	County	State	ZIP code
					e.
b. Employer identification No. (IRS 9-DIGIT TAX NUMBER)					f.
c. Was an EEO-1 report filed for this establishment last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Section C—EMPLOYERS WHO ARE REQUIRED TO FILE** (To be answered by all employers)

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor, and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U.S. Savings Bonds and Savings Notes?
If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you have one):	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NOTE: If the answer is yes to questions 1, 2, or 3, complete the entire form, otherwise skip to Section G.

**Section D - EMPLOYMENT DATA**  
 Employment at this establishment - Report all permanent full- and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

Job Categories	Number of Employees (Report employees in only one category)														Total Col A - N	
	Race/Ethnicity															
	Hispanic or Latino							Not-Hispanic or Latino								
	Male			White				Black or African American		Hispanic or Latino		Asian		American Indian or Alaska Native		Native Hawaiian or Other Pacific Islander
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O		
Executive/Senior Level Officials and Managers	1.1															
First/Mid-Level Officials and Managers	1.2															
Professionals	2															
Technicians	3															
Sales Workers	4															
Administrative Support Workers	5															
Craft Workers	6															
Operatives	7															
Laborers and Helpers	8															
Service Workers	9															
TOTAL	10															
PREVIOUS YEAR TOTAL	11															

1. Date(s) of payroll period used: \_\_\_\_\_ (Omit on the Consolidated Report.)

**Section E - ESTABLISHMENT INFORMATION** (Omit on the Consolidated Report.)  
 1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

**Section F - REMARKS**  
 Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

**Section G - CERTIFICATION**  
 Check  1  All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)  
 Check  2  This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Name of person to contact regarding this report \_\_\_\_\_ Title \_\_\_\_\_ Address (Number and Street) \_\_\_\_\_  
 City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. (including Area Code and Extension) \_\_\_\_\_ Email Address \_\_\_\_\_

All reports and information obtained from individual reports will be kept confidential as required by Section 709(c) of Title VII. WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW. U.S. CODE, TITLE 18, SECTION 1001



**REQUEST FOR APPLICATIONS**  
**RFA # DMHAS-PREV-PFS-16**  
**Department of Mental Health and Addiction Services**  
**April 2016**

**FORM #6: Proposal Cover Sheet**

Applicant Agency \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Agency Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Total Annual Program Cost \_\_\_\_\_

Total Annual Cost to DMHAS \_\_\_\_\_

Applicant Agency Fiscal Year: \_\_\_\_\_ to \_\_\_\_\_  
(month) (month)

**Proposed Program Address:**  
\_\_\_\_\_  
\_\_\_\_\_

Is your agency a non-profit? Yes  No  Is your agency incorporated? Yes  No

Is your agency registered as a:  
Minority Business Enterprise? Yes  No   
Women Business Enterprise? Yes  No   
Small Business Enterprise? Yes  No

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 \_\_\_\_\_



**FORM #7 (Budget & Narrative)**

APPLICANT NAME

PROJECT TITLE

Categories	CT SPF	Matching Funds	In-Kind Funding	Total Annual	Total Period <i>(assume a 5 year contract term)</i>
<b>1. Personnel</b>					
a. Personnel					
b. Fringe Benefits					
c. Consultants					
<b>Total Personnel</b>					
<b>2. Program Operating Expenses</b>					
a. Postage					
b. Supplies					
c. Telephone					
d. Printing					
e. Equipment					
f. Advertising/Marketing					
g. Materials					
h. Educational/Training					
i. Insurance					
j. Rent					
k. Utilities					
l. Repair and Maintenance					
<b>Total Program Operating</b>					
<b>3. Meetings &amp; Conferences</b>					
<b>4. Travel</b>					
<b>TOTAL PROPOSED BUDGET</b>					

**Budget Narrative:**

**\* THIS PAGE IS LEFT INTENTIONALLY BLANK. \***