The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to address the prevention and control of tobacco use in Connecticut by operating a statewide tobacco use cessation telephone quitline.

**Funding**

A minimum of $225,000 of federal CDC funding per year for five years is anticipated for this award, subject to the availability of funding and satisfactory performance. Additional funding may be allocated through the Connecticut State Legislature for expansion of certain Quitline Services from time to time. Reimbursement on a fee for service basis will be a part of the contract that is a result of this solicitation, in order to accommodate any additional services and potential funding changes.

**Eligibility**

Applications will be accepted from public and private organizations and community-based agencies.

**Closing Date**

An original and five copies of the completed proposal must be postmarked by November 19, 2008.

**Place Due**

Department of Public Health  
Public Health Initiatives Branch  
410 Capitol Avenue, MS# 11HLS  
P.O. Box 340308  
Hartford, CT  06134-0308

Attention: Barbara Walsh, Program Supervisor  
Tobacco Use Prevention and Control Program  
Health Education, Management and Surveillance Section  
Phone: (860) 509-8251  
E-mail: ct.quitline@ct.gov  
(for submission of notice of intent and/or questions only)
Further Information

Those interested in applying must submit a letter of intent no later than 3:00 p.m. EDT on November 12, 2008.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must also be received in writing by 3:00 p.m. EDT on October 31, 2008. A copy of all written questions and responses will be provided to all applicants who submit a letter of intent or who send a written request for such information.

All correspondence, including the letter of intent, written questions, and requests for receipt of questions and responses must be addressed to Barbara Walsh at the e-mail or postal address provided under “place due” above. The written questions and responses will be sent via e-mail to applicants who provide their e-mail address in their correspondence.
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I. Statement of Purpose

The purpose of this RFP is to solicit applications to implement and maintain a comprehensive telephone-based tobacco use cessation quitline that will assist Connecticut’s residents in their efforts to quit tobacco use through counseling, information, and self-help materials; and to assist with the development of a marketing campaign that includes the promotion of the services of the implemented Quitline.

Telephone Quitline services in Connecticut are currently being offered through contract with Free and Clear, Inc. of Seattle, Washington. That contract is in place until March 31, 2009.

II. Background

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, tobacco use causes 440,000 deaths in the United States and secondhand smoke claims another 50,000 lives. In Connecticut, although the rate of cigarette smoking has decreased since 2000, in 2006 approximately 455,850 adults (1 of every 6) smoked cigarettes. Although nearly 60% tried to quit in the previous year, only 46% thought they might be likely to succeed. (2006 CT Adult Tobacco Survey)

Comprehensive statewide tobacco control programs have been effective in reducing both death and disease associated with tobacco use. Programs need to be a coordinated effort and include establishment of smoke-free policies and social norms to promote and assist tobacco users to quit and to prevent the initiation of tobacco use. This comprehensive approach includes educational, clinical, regulatory, economic, and social strategies.

The CDC has made specific recommendations regarding the multiple components of a comprehensive tobacco control program in their document “Best Practices for Comprehensive Tobacco Control Program – October 2007”. Cessation interventions should include both health care system-based interventions and population-based interventions that provide services to the individual smoker. The use of a statewide telephone-based tobacco use cessation quitline, accessed through a single toll-free portal number, needs to be available to all Connecticut residents as part of our statewide plan.

Sources of additional information include the following links:

Telephone Quitlines- A Resource for Development, Implementation, and Evaluation:
http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines/00_pdfs/FinalQuitlines.pdf

A document prepared by the US Department of Health and Human Services to provide guidance on monitoring and enhancing quitline services.

Citation: Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta, GA: U.S. Department of Health and Human Services, Centers for
Treating Tobacco Use and Dependence: Clinical Practice Guidelines:
(https://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)
Provides updated information about effective strategies for treating tobacco
dependence and guidance for clinicians.
2008.

Guide to Community Preventive Services: Tobacco Use Prevention and Control
http://www.thecommunityguide.org/tobacco/default.htm
A task force of experts provide guidance about effective community-based strategies
for tobacco control, including cessation.
Citation: A report on recommendations of the Task Force on Community Preventive Services. MMWR. 2000: 49
(No. RR-12); 1-11. Also published as: Task Force on Community Preventive Services. Recommendations
regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med.

North American Quitline Consortium at: http://www.naquitline.org

Guide to Best Practice:
http://www.enqonline.org/public/aboutus.php
The European Network of Quitlines, a collaboration of over 16 European countries,
provides guidance about organizing, delivering and evaluating quitline services.

Linking a Network: Integrate Quitlines with Health Care Systems:
http://www.tcln.org/cessation/pdfs/7a.Linkingrev6-29-05web.pdf
The report by the Pacific Center on Tobacco or Health describes the role of quitlines
as a partner with health systems to deliver cessation services. This report combines
the emerging evidence-base on quitlines with practical experience from case studies
of six states to give a new picture of the role of quitlines in a statewide tobacco
cessation program.
This report complements the CDC’s Quitline Resource Guide, which outlines the operational details of setting up,
monitoring, and evaluating quitlines. Citation: Centers for Disease Control and Prevention. Quitline Resource
and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease
Prevention and Health Promotion, Office on Smoking and Health; 2003.

All Quitline services provided and protocols developed in response to this RFP
shall follow best practices and industry standards.
III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment A. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages.

A. Applicant Information

The application must contain the official name, address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract.

B. Contractor Information

In order for the Branch to communicate effectively with the contractor, it is necessary to have accurate information about contractor staff that is responsible for certain functions.

Please provide the name, title, address, telephone, email address and FAX number for staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports
3. Financial expenditure reports

Accurate information is needed concerning the applicant’s legal status.

Please indicate the legal name of the company, whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency’s federal employer ID number and/or town code number, the applicant’s Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

C. Services to be Provided

The contractor must provide the following services and the contractor’s approach must be addressed in the proposal:

Quitline Service

The contractor will be responsible for establishing and maintaining a comprehensive, proactive, statewide toll free tobacco cessation telephone counseling quitline available to all Connecticut residents. A pro-active quitline responds to incoming calls with immediate “reactive” assistance and follows-up initial contact with more comprehensive services through outbound (“pro-active”) calls. Services provided must be provided free of charge to callers, be available a minimum of 14 hours a day in a minimum of Spanish and English, and be accessible to both youth and adults. Accommodations for people speaking other languages and those with hearing impairments must also be included.
Telephone counseling services including intake, assessment, disposition, treatment and follow-up must be culturally competent, and follow evidence-based practices, principles of motivational interviewing for encouraging behavior change and a cognitive-behavioral approach to treating tobacco dependence.

Core quitline services must follow a consistent and systematic protocol that should be described in your proposal. At a minimum, services include the ability to receive incoming calls, assess the caller’s readiness to quit, provide counseling, refer to appropriate services including local community based cessation programs, and include self help educational materials. One-on-one cessation counseling will include the initial assessment as well as follow-up calls to ensure the most favorable outcome. The number of follow-up calls may be determined based on the methodology chosen, which must be included in your proposal.

A comprehensive database listing local community cessation programs and services must be created, maintained, regularly updated and made available to callers who want local programming. Mailed materials should meet low literacy guidelines, be available in a minimum of English and Spanish and help move callers along a continuum from contemplation towards readiness to quit. Materials should include information for dealing with co-occurring medical conditions such as asthma, diabetes, heart disease, pregnancy, and chronic obstructive pulmonary disease. DPH approval of all educational materials prior to distribution is required.

The applicant must describe the protocols for assessing each caller’s readiness to quit, determining the appropriate treatment option, and the rationale for that selection. A comprehensive description of the treatment options: telephone counseling, referral to local community cessation services and programs and/or receipt of self-help educational mailings must also be provided. Protocols must be based on principles of motivational interviewing and a cognitive behavioral approach to treating tobacco use and dependence.

Fax Referral System

The applicant shall establish and implement a health care provider fax referral mechanism. This mechanism shall allow health care providers to fax to the Quitline the name and contact information of their patients who are tobacco users that want to quit and have agreed to have their information sent to the Quitline. The Quitline shall make pro-active calls to the referred tobacco users to discuss available Quitline services and enroll those patients into the Quitline program. These referrals shall be included as a monthly reporting activity.

Website Access

The applicant shall develop and maintain a Quitline website that is accessible to all callers enrolled in Quitline program services and accessible to tobacco users who are ready to quit that do not want to make the initial phone call. The applicant should also include access to an interactive web-based smoking cessation website to assist the
program participant in their quit attempt. Activity level shall be tracked for inclusion in monthly reporting.

Data Management

The applicant must develop and maintain a data collection system that is capable of tracking and documenting caller information including but not limited to socioeconomic, demographic, referral source, patterns of tobacco use, stage of readiness, and quit attempt history. The data system should have the ability to collect, store and report data elements included in the proposed minimum data set for quitlines outlined by the North American QuitLine Consortium (http://www.naquitline.org), as well as data elements to be specified by DPH.

The applicant should describe database 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 across intake 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 Quarterly reports will be required demonstrating quitline usage. Caller data must be maintained in a database that will allow for routine and ad hoc analyses to respond to data requests and requests for special customized reports by DPH on an as-needed basis. In addition, on a quarterly basis, raw data including caller demographics and services provided will be submitted to DPH for any further analysis.

The applicant will also be expected to provide any necessary data related to Connecticut Quitline operations and services provided to an independent evaluator for analysis as identified by the funder.

Quality Assurance

The applicant must establish and implement quality assurance protocols. Protocols must address staff training and ongoing performance. A protocol to evaluate caller satisfaction on an ongoing basis must also be included.

Outreach and Promotion

The applicant is expected to assist the Tobacco Use Prevention and Control Program (TUPCP) in promoting the services of the quitline to Connecticut residents within the context of a comprehensive tobacco use prevention and control campaign. The applicant will actively participate in planning meetings with the DPH Tobacco Use Prevention and Control Program staff, Advisory Committees, media subcontractors, and state based organizations as requested by the project manager. The promotion of the Quitline may include interviews in media venues, assistance with participation in activities such as community health fairs or sporting events, radio advertisement or other communication mechanisms.
Materials to be designed for promotion and marketing must include, but are not limited to, resources to educate health care providers regarding Quitline services and promote referrals which must include a fax referral system. As data becomes available, targeted marketing to populations experiencing disparities associated with tobacco use will also be necessary.

Note: The Connecticut Quitline has been operating a separate telephone number (1-866-End-Habit), but is transitioning to the use of the national Quitline number (1-800-Quit-Now) for ease of use in national and media campaigns.

D. Budget

The proposal must contain an itemized budget with justification for each line item to be charged on monthly reimbursement invoices, using budget forms included in Attachment A. All costs (toll free phone access, printing, salaries, travel, etc.) must be included in the contract prices. Competitiveness of the budget will be considered as part of the proposal review process. The fee for service approach is preferable to a flat fee for providing these services.

Anticipated Volume:
Numbers served during July and August 2007 increased dramatically when Connecticut added nicotine replacement therapy to the list of services to be offered. Due to this unanticipated high demand, nicotine replacement therapies had to be discontinued within five weeks of being offered. Prior to the implementation of NRT, Connecticut averaged approximately 100 callers each month. Also during 2007/2008, Connecticut had 9 funded community programs that were able to provide face-to-face counseling, with Nicotine Replacement therapies being made available through the Quitline. With these fax referrals, average monthly number of callers has remained higher than before Nicotine Replacement Therapies were offered.

See Attachment E for additional Quitline Usage information for 2007.

For the budget submission, cost items are divided into two categories: ‘Basic’, for ongoing services to be provided on a month to month basis; and ‘Enhanced’, for services that need to be preapproved for payment to be released. Further detail of this breakdown is listed in the Budget description in Attachment A (Page 6 of 16).

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.

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 selected Contractor must provide DPH with five 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.**

Payments will be provided upon satisfactory completion of services on a monthly basis utilizing a reimbursement method for services rendered as documented through submission of a monthly invoice.

**E. Work Plan**

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, staff responsible; deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. The work plan must be consistent with the RFP and the project’s goals and objectives as delineated in Section IIIC. Services to be Provided. **The project start date will be considered as part of the review criteria for this RFP.**

The work plan must include steps to ensure the Quitline can receive new incoming calls to the publicized toll-free CT QuitLine number and make outbound follow-up calls to continue counseling sessions for clients previously managed by Free and Clear, Inc. up to their anticipated contract end date of March 31, 2009. To comply with this requirement, the new contractor may subcontract with the existing provider to continue services until contractor services are fully operational but not to be later than July 1, 2009. A detailed plan for any necessary transition period must be addressed in the work plan.

The work plan must also delineate the process for assistance with a comprehensive program including marketing of the telephone quitline service, and a structure by which the contractor, any potential subcontractors, and DPH will establish a working relationship.

The work plan must also address periodic activities to monitor and demonstrate performance and to evaluate the quality and effectiveness of all services delivered including a customer satisfaction survey and quit rates at 7 months and 13 months of enrollment. These plans must include strategies to respond to fax, phone and other referral methods as well as strategies to address the needs of priority populations.

Bidders are encouraged to include plans to target services to special populations that require higher levels of care, such as pregnant women, mentally ill, substance abusers, youth, diabetics, and clients suffering from chronic obstructive pulmonary disorder, among others.

In addition, the applicant is asked to address strategies for future enhancement of the Quitline beyond Year 1.
F. Staffing

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Resumes must be provided with the proposal for the management and professional staff assigned to this project.

The applicant must obtain and maintain sufficient telephone system capacity and ensure adequate staffing to minimize the average length of time callers need to wait for a live response. Average live response should occur within 30 seconds. Staffing levels should accommodate an average of 350-450 calls per month. On a weekly basis, one-on-one cessation counselors must be available to receive inbound and place outbound calls for at least 14 hours per day, including evening and weekend hours.

Recorded information with call back capacity for one-on-one telephone cessation counselors must cover the remaining hours of the week as well as when all phone lines are busy during regular operating hours. Messages to be recorded must be approved by DPH prior to implementation.

The Quitline is not required to be operational for the following holidays: New Year’s Day, Martin Luther King, Jr. Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, although provision of services on New Year’s Day is desired and can be included for additional scoring points on provision of services.

Staffing levels may need to be adjusted to allow for modifications around the scheduling of media events that could affect call volume, and a description of how this could occur must be described in your proposal.

The Quitline operation must include a minimum of English- and Spanish-speaking operators and have the ability to accommodate callers who speak other languages or are hearing impaired.

Staff must demonstrate familiarity with science-based research for telephone quitlines and have the ability to address the needs of adults, youth and special populations such as pregnant women.

G. Contract Compliance

The proposal must include a completed Notification to Bidders form (return one and keep one for your records) and a Workforce Analysis Questionnaire. In addition, proposals must include a signed statement of adherence to Assurances. These forms are included in Attachment A.
IV. Application Procedures

Applicants must complete their proposal using the following procedures:

1. An original and five copies of the completed proposal must be addressed to:

   State of Connecticut, Department of Public Health
   Tobacco Use Prevention and Control Program
   410 Capitol Avenue, MS#11HLS
   P.O. Box 340308, Hartford, CT 06134-0308

   Attention: Barbara Walsh, Program Supervisor
   Health Education, Management and Surveillance Section

   Completed proposals must be postmarked no later than November 19, 2008.

2. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.

3. The proposal must be signed by an authorized official of the applicant organization.

4. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by DPH.

5. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant on or about December 15, 2008 with an effective project start date by April 1, 2009.

V. Deliverables

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for approval. These documents, along with the required services, will be the indicators for measuring the performance of the contractor. A DPH approved work plan will be required for each year of the contract. Development of these deliverables must be included as objectives in the project work plan described in Section III of this RFP (work plan forms are included in Attachment A). Payments will be provided on a monthly basis as reimbursement for services rendered. Invoices must be submitted on a monthly basis for reimbursement with the following documentation:

1. Monthly call detail and summary reports that include the number and types of callers served including the type of services rendered;

2. Quarterly reports including updates of program activities, documentation of any materials produced, review and outcome of quality assurance measures, and staff training completed;

3. Quarterly submission of de-identified raw data for Quitline callers.
VI. Supervision

Oversight and technical assistance will be provided by the DPH Tobacco Use Prevention and Control Program staff.

VII. Review Criteria

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment D, Minimum Requirements Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

A. Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements may be deemed incomplete and removed from further review. In addition, applicants with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

B. Technical Requirements

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which the applicant has demonstrated successful experience providing similar services (see Attachment C for criteria and scoring breakdown).

2. The department’s prior experience with the applicant organization, including issues of contract compliance.

3. The extent to which references provided support the applicant’s success in providing similar services.

4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.

5. The extent to which adequate time is allocated to manage the services to be provided.

6. The extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided.
7. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.

8. The extent to which a cost effective budget/reimbursement method is presented that clearly documents included costs.

9. The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.

10. The **FISCAL COMPETITIVENESS OF THE PROPOSAL**.

11. The applicant must also provide evidence of it's ability to:

   i. Demonstrate familiarity with science-based research for telephone quitlines and cessation services and the incorporation of these into daily operations.

   ii. Provide appropriate personnel, facilities and equipment necessary to provide a statewide, toll free telephone service.

   iii. Obtain and sustain a telephone system with the capacity to handle multiple, simultaneous incoming and outgoing calls and fluctuations in call volume.

   iv. Comply with all state and federal laws pertaining to confidentiality and privacy.

   v. Supply training to counselors in telephone-based tobacco use cessation support techniques, including those for special populations.

   vi. Track and document quitline activity including but not limited to caller demographics, referrals including fax referrals, call volume by time of day, day of week, month and year.

   vii. Track callers by consumption level, intention to quit, past quit attempts, insurance status, willingness to be followed up for evaluation and support and how they heard about the quitline.

   viii. Assist DPH with the development of a social marketing/public relations campaign to promote the quitline and its services within the context of comprehensive tobacco use prevention and control.

C. **Review Process**

Proposals that meet the minimum requirements will be reviewed by a panel of appropriate staff and outside experts. Recommendations concerning the selection of a proposal for funding will be made by this panel, submitted in rank order to the
Commissioner based on Team Scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

VIII. Regulatory Compliance

The applicant is required to be in compliance with any applicable provisions of the Regulations of Connecticut State Agencies, if a current recipient of funding from DPH and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, as amended by Public Act 07-142, Section 9, the awardee shall agree and warrant that in the performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status (including civil unions, per Public Act 07-245, Section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut.

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation.

Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or her/his agent, except in the case of a bona fide occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person's sexual orientation or civil union status.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

Further, in accordance with the Contract Compliance Regulations of Connecticut State Agencies, the applicant will be required to complete the Notification To Bidders
form and the Workforce Analysis Questionnaire as part of the application process (included in Attachment A).

IX. **Affirmative Action Notice**

DPH strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. DPH urges its bidders, suppliers, contractors and awardees to implement affirmative action plans and programs of their own, and hereby notifies all DPH bidders, suppliers, contractors and awardees that DPH will not knowingly do business with, or make awards to, any individual or organization excluded from participation in any federal or state contract program, or found to be in violation of any state or federal anti-discrimination law.

X. **Rights Reserved to the State**

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.
XI. ATTACHMENTS
REQUEST FOR PROPOSAL
RFP # 2009-0916
Telephone QUITLINE Services
DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH INITIATIVES BRANCH
Tobacco Use Prevention and Control Program

A. Applicant Information

Applicant Agency: ________________________________________________________________

Legal Name

____________________________________

Address

City/Town  State   Zip Code

____________________________________

Telephone No.    FAX No.    E-Mail Address

Contact Person: __________________________________ Title: ___________________________

Telephone No:  ___________________________

ANTICIPATED MONTHLY PROGRAM COST:  $___________ Based on (number) of Clients:______________

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.
B. CONTRACTOR INFORMATION

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

**Contract and Legal Documents/Forms:**

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**Program Progress Reports:**

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<th>Title</th>
<th>Tel. No.</th>
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<tr>
<td>Street</td>
<td>Town</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Email</td>
<td>Fax No.</td>
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</tbody>
</table>

**Financial Expenditure Reporting Forms:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Tel. No.</th>
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<tr>
<td>Street</td>
<td>Town</td>
<td>Zip Code</td>
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<td>Email</td>
<td>Fax No.</td>
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</tbody>
</table>

**Incorporated:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>

**Agency Fiscal Year:**

<table>
<thead>
<tr>
<th>Federal Employer I.D. Number:</th>
</tr>
</thead>
</table>

**Medicaid Provider Status:**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

**Minority Business Enterprise (MBE):**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
</table>

**Women Business Enterprise (MBE):**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</table>

**Type of Agency:**

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<thead>
<tr>
<th>Public</th>
<th>Private</th>
<th>Other,</th>
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Explain:

<table>
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<tr>
<th>Profit</th>
<th>Non-Profit</th>
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</table>

**Town Code No:**

<table>
<thead>
<tr>
<th>Medicaid Number:</th>
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</thead>
</table>
C. Services to be Provided

1. Describe your experience providing the kinds of services described in the “Services to be Provided” section of the RFP.

2. Provide at least three letters of reference, including their telephone numbers, to support your description of your experience in providing these types of services.
3. Describe the approach to the services you will provide as outlined in the “Services to be Provided” section of the RFP. Use the Workplan form to elaborate (see Section E of this application).

4. State the hours of operation of your organization and indicate the suitability of these hours to the Services and Deliverables required in this proposal. Include how calls will be handled that come in outside of these scheduled hours, as well as the capacity to handle multiple simultaneous callers.
5. Describe staff qualifications for hiring and specific training provided prior to working with callers. Include language capabilities, including the use of a TDD device to serve the hearing impaired.

6. Describe the project oversight that will be provided on a day-to-day basis as well as account management and verification activities.
**BUDGET**

It is recognized that the minimum anticipated funding is below the national average cost for provision of Quitline services to the industry standard reach rate of 1-5% of tobacco users. However, this is the amount of funding anticipated to be available for the near future in Connecticut.

A. Instructions Budget Summary 1

The contract issued in response to this solicitation will be reimbursed on a fee for service basis as services are rendered utilizing a monthly invoicing process.

BASIC budget items are considered standard ongoing costs of operating the Connecticut QUITLINE.

ENHANCED budget items are service items that need to have prior approval before provision of services in order to ensure payment for services rendered.

Bidders are urged to include as much detail as possible in their cost listing.

Items in each category include but are not limited to the following:

**BASIC**

Ongoing telephone counseling services:
Intake/Registration of callers, collecting demographic and sociological data from registrants.

Option for enrollment in a multiple call program, price should include only completed calls. Multiple call program should include at least four follow-up calls.

Cost for each completed call

**ENHANCED**

Provision of Nicotine Replacement Therapy, including nicotine patches, gum, and lozenges

Provision of prescription pharmacotherapies, including Bupropion and Varenicline

Collection of Customer Satisfaction and Quit Rate Surveys at a minimum of 7- and 13-month intervals after quitting.

Utilization of a grass roots advocate in Connecticut to market the services of a Connecticut QUITLINE

Media for promotion of the Quitline

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

<table>
<thead>
<tr>
<th>Line Item (Description of Service being offered)</th>
<th>Amount</th>
<th>Justification/Breakdown of Costs</th>
</tr>
</thead>
</table>

#### Basic Services:

- **Caller Intake & Registration:**
  - Initial Completed Counseling Call:
  - Provision of printed materials to callers (e.g.: Quitting Guides,

- **Multiple Call Program (each call completed):**
  - Any additional calls

#### Enhanced Services:

- **Nicotine Replacement Therapies**
  - Prescription pharmacotherapies
  - Calls for Customer Satisfaction and Quit Rate Surveys at a minimum of 7- and 13-month intervals
  - Subcontract with a grass roots advocate in Connecticut.
  - Marketing Materials
  - Media Promotion and Materials
Subcontractor Schedule A-Detail

#1

<table>
<thead>
<tr>
<th>Subcontractor Name:</th>
<th>Address:</th>
<th>Telephone: (     ) (     -     )</th>
<th>Select One:</th>
<th>Indicate One:</th>
<th>Line Item</th>
<th>Amount</th>
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Total Subcontract Amount:

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<tr>
<th>Subcontractor Name:</th>
<th>Address:</th>
<th>Telephone: (     ) (     -     )</th>
<th>Select One:</th>
<th>Indicate One:</th>
<th>Line Item</th>
<th>Amount</th>
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Total Subcontract Amount:

#3

<table>
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<tr>
<th>Subcontractor Name:</th>
<th>Address:</th>
<th>Telephone: (     ) (     -     )</th>
<th>Select One:</th>
<th>Indicate One:</th>
<th>Line Item</th>
<th>Amount</th>
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Total Subcontract Amount:
### E. Workplan (make as many blank pages as needed)

<table>
<thead>
<tr>
<th>Services to be Provided</th>
<th>Activities</th>
<th>Staff Position(s) Responsible</th>
<th>Expected Outcomes and Measures of Success</th>
<th>Timetable</th>
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</table>
F. Staffing

Profile of Staff Providing Services (see Section E of this RFP)
Please provide the information requested below.

<table>
<thead>
<tr>
<th>Management and Professional Staff*</th>
<th>Name</th>
<th>Title, Type of Project Support to be Provided</th>
<th>Assigned to Project: # Hrs/Wk/Month</th>
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<tbody>
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<td>Position 1</td>
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<td>Position 2</td>
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<td>Position 4</td>
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<td>Position 5</td>
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<td>Position 6</td>
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<td>Position 7</td>
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<td>Position 8</td>
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<td>Position 9</td>
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<tr>
<td>Position 10</td>
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</tbody>
</table>

*Attach Resumes for all Management/Professional Staff
G. Assurances

Any prospective contractor must agree to adhere to the following conditions and must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.

A. Conformance with Statutes - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.

B. Ownership of Proposals - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).

C. Reports and Information - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

D. Timing and Sequence - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.

E. Stability of Proposed Prices - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.

F. Oral Agreements - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

G. Amending or Canceling Requests - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.

H. Rejection for Default or Misrepresentation - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.
I. **State’s Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.

J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.

K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.

M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant’s proposal preparation.

N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.

________________________________
Signature

________________________________
Date

On behalf of:

________________________________
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

J. Robert Galvin, M.D., M.P.H.
Commissioner

M. Jodi Rell
Governor

AFFIRMATIVE ACTION
CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state’s nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

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

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04
Date

J. Robert Galvin, M.D., M.P.H.
Commissioner of Public Health

PHONE: (860) 509-7101 FAX: (860) 509-7111
410 CAPITOL AVENUE - MS#13COM, P.O. BOX 340308, HARTFORD, CONNECTICUT 06134-0308
Affirmative Action/Equal Employment Opportunity Employer
NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority Business Enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians.” The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

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

a) The bidder’s success in implementing an affirmative action plan;
b) The bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
c) The bidder’s promise to develop and implement a successful affirmative action plan;
d) The bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
e) The bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

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

____________________  ______________________
Signature                  Date

On behalf of:

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

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Overall Totals (Sum of all cols. male &amp; female)</th>
<th>White (Not of Hispanic Origin)</th>
<th>Black (Not of Hispanic Origin)</th>
<th>Hispanic</th>
<th>Asian or Pacific Islander</th>
<th>American Indian or Alaskan Native</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
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<tr>
<td>Officials &amp; Managers</td>
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<td>Professionals</td>
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<td>Office &amp; Clerical</td>
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<td>Craft Workers (Skilled)</td>
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<td>Operatives (Semi-skilled)</td>
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<td>Laborers (Unskilled)</td>
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<td>Service Workers</td>
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<td>Totals Above</td>
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<td>Totals 1 year Ago</td>
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<tr>
<td>FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)</td>
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<td>Apprentices</td>
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<td>Trainees</td>
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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 Plan?
   □ 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
State of Connecticut
Department of Public Health
Tobacco Use Prevention and Control Program

Tobacco Industry Funding and Partnership Certification

I, ___________________________ certify that _________(agency)_________ has not received funding or engaged in partnerships, either formal or informal, with any Tobacco Company within the last two (2) 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 Use Prevention and Control Program as a result of the Request for Proposals # 2009-0916.

___________________________    ________________
Contractor’s Authorized Signature    Date
Non-Discrimination Provisions for State of Connecticut Contracts *

*Note: Attachment B is provided for your information only. The forms in this Attachment do not need to be completed for the RFP. These will be used for applicants awarded funding and requested during the contract development process.

The Office of the Attorney General has approved the following nondiscrimination certification forms to assist executive branch agencies in complying with the State of Connecticut's contracting requirements, pursuant to the Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Sections 9 and 10 of Public Act 07-142.

By law, a contractor must provide the State with documentation in the form of a company or corporate policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of such contractor to support the nondiscrimination agreement and warranty under C.G.S. §§ 4a-60a and 46a-68h.

The first of these forms is designed to be used by corporate or other business entities; the second is to be used only by individuals who are to sign and perform contracts with the State in their individual capacity. One or the other of these certifications is required for all State contracts, regardless of type, term, cost, or value.

Pursuant to C.G.S. § 46a-56(b), State agencies may apply to the Commission on Human Rights and Opportunities (CHRO) for a waiver from this requirement when entering into contracts with the entities listed below:

- Municipalities or other political subdivisions of the State;
- Quasi-public State agencies;
- Other state governments (including the District of Columbia);
- The federal government;
- U.S. territories and possessions;
- Federally recognized Indian tribal governments; and
- Foreign governments.

The appropriate certification must be signed by an authorized signatory of the contractor (or, in the case of an individual contractor, by the individual) and submitted to the awarding State agency at the time of contract execution.

The appropriate form is required for all contracts signed on and after June 25, 2007.

Non-discrimination Regarding Sexual Orientation. Unless otherwise provided by Conn. Gen. Stat. § 46a-81p, the Contractor agrees to the following provisions required pursuant to § 4a-60a of the Connecticut General Statutes:

(a)(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation;

(2) The Contractor agrees to provide each labor union or representatives of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding a notice to be provided by the commission on human rights and opportunities advising the labor union or workers’ representative of the Contractor’s commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
(3) The Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to § 46a-56 of the Connecticut General Statutes;

(4) The Contractor agrees to provide the commission on human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts concerning the employment practices and procedures of the Contractor which relate to provisions of this section and § 46a-56 of the Connecticut General Statutes.

(b) The Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with § 46a-56 of the Connecticut General Statutes provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

Nondiscrimination and Affirmative Action Provisions in Contracts of the State and Political Subdivisions Other Than Municipalities. The Contractor agrees to comply with provisions of § 4a-60 of the Connecticut General Statutes:

(a) Every Contract to which the state or any political subdivision of the state other that a municipality is a party shall contain the following provisions:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;

(2) The Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an “affirmative action-equal opportunity employer” in accordance with regulations adopted by the commission;

(3) The Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding, a notice to be provided by the commission advising the labor union or workers’ representative of the Contractor’s commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
(4) The Contractor agrees to comply with each provision of this section and Conn. Gen. Stat. §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to Conn. Gen. Stat. §§ 46a-56, 46a-68e and 46a-68f;

(5) The Contractor agrees to provide the commission of human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and Conn. Gen. Stat. § 46a-56. If the Contract is a public works Contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(b) For the purposes of this section, “minority business enterprise” means any small Contractor or supplier of materials fifty-one per cent or more of capital stock, if any, or assets of which is owned by a person or persons:

1. Who are active in the daily affairs of the enterprise?
2. Who have the power to direct the management and policies of the enterprise; and
3. Who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. § 49-60g.

(c) For the purposes of this section, “good faith” means that degree of diligence, which a reasonable person would exercise in the performance of legal duties and obligations. “Good faith efforts” shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements. Determinations of the Contractor’s good faith efforts shall include but shall not be limited to the following factors: The Contractor’s employment and subcontracting policies, patterns and practices; affirmative action advertising; recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

(e) Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provision shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.
NONTDISCRIMINATION CERTIFICATION

(By corporate or other business entity regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, Non-Discrimination Provisions for State of CT Contract signer's name, signer's title, of name of entity, an entity lawfully organized and existing under the laws of name of state or commonwealth, do hereby certify that the following is a true and correct copy of a resolution adopted on the _____day of _____, 20____ by the governing body of name of entity, in accordance with all of its documents of governance and management and the laws of name of state or commonwealth, and further certify that such resolution has not been modified, rescindred or revoked, and is, at present, in full force and effect.

RESOLVED: That name of entity hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this _____ day of _____, 20____.

______________________________
Signature

Effective June 25, 2007
NONDISCRIMINATION CERTIFICATION

(By individual contractor regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, signer's name, of business address, am entering into a contract (or an extension or other modification of an existing contract) with the State of Connecticut (the “State”) in my individual capacity for if available, insert “Contract No. ___”; otherwise generally describe goods or services to be provided. I hereby certify that I support the nondiscrimination agreements and warranties required under Connecticut General Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, I, the undersigned, have executed this certificate this _____ day of _____, 20___.

___________________________________
Signature

Effective June 25, 2007
## PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

### Telephone QUITLINE Services

### Applicant

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Maximum Points</th>
<th>Bidder’s Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The extent to which applicant has demonstrated successful experience providing similar services.</td>
<td>(160)</td>
<td>( )</td>
</tr>
<tr>
<td>(a) Ability to have quitline system operational by April 1, or subcontract with current contractor and operational by July 1, 2009.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(b) Experience in operating a telephone service.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(c) Experience with and understanding of assessing readiness to quit tobacco use, knowledge of appropriate treatment options and the rationale for selection, knowledge of providing referrals.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(d) Experience in establishing and implementing quality assurance protocols to monitor interventions.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(e) Experience and ability to develop and implement an automated referral service database that includes fax referrals.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(f) Experience and ability to develop and maintain an electronic data collection system.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(g) Experience with outreach and promotion of a similar service.</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>(h) Does applicant adequately address requirements for core services of the Quitline? (Pages 6-9 of RFP)</td>
<td>(20)</td>
<td></td>
</tr>
<tr>
<td>2. The Department’s prior experience with the applicant organization including issues of contract compliance.</td>
<td>(10)</td>
<td>( )</td>
</tr>
<tr>
<td>3. The extent to which references support the applicant’s success providing similar services.</td>
<td>(10)</td>
<td>( )</td>
</tr>
<tr>
<td>4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.</td>
<td>(20)</td>
<td>( )</td>
</tr>
<tr>
<td>5. The extent to which adequate time is allocated to manage the services to be provided.</td>
<td>(20)</td>
<td>( )</td>
</tr>
<tr>
<td>(a) Service available on New Year’s Day (Bonus) (10 points)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*(Continued on next page)*
6. The extent to which the profile of staff who will be working on this project is clear and adequate to manage the services to be provided. (10) ( )

7. The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines. (20) ( )

8. The extent to which a cost effective budget is presented which follows eligibility guidelines. (20) ( )

9. The extent to which contractor provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract. (10) ( )

10. The fiscal competitiveness of the proposal. (20) ( )

TOTAL (300) ( )

* Numerical values for each criterion are established as part of the RFP development process to allow for weighting of criteria important to the goals of the RFP.
ATTACHMENT D

MINIMUM REQUIREMENTS CHECKLIST

Applicant

(1) An original and 5 copies of the completed proposal must be received at DPH postmarked by November 19, 2008. __________

(2) Proposal is completed on Application Forms included in Attachment A. __________
   a. Signed Statement of Adherence to Assurances included in proposal. __________
   b. Completed Notification to Bidders form included in proposal. __________
   c. Completed Workforce Analysis Questionnaire included in proposal. __________
   d. Completed Tobacco Industry Funding and Partnership Certification included in proposal. __________

(3) Resumes provided for all management and professional staff assigned to this project. __________

(4) At least three letters of reference provided. __________

(5) The proposal is signed by an authorized official of the Applicant Organization. __________
### 2007

<table>
<thead>
<tr>
<th>Date</th>
<th>Registered Callers</th>
<th>Registered Callers Requesting Intervention</th>
<th>Percent of Registered Callers Requesting Intervention</th>
<th>Shipments Made</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Patch</td>
</tr>
<tr>
<td>January 2007</td>
<td>132</td>
<td>89</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>February 2007</td>
<td>96</td>
<td>64</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>March 2007</td>
<td>86</td>
<td>59</td>
<td>69</td>
<td>0</td>
</tr>
<tr>
<td>April 2007</td>
<td>96</td>
<td>59</td>
<td>61</td>
<td>0</td>
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<tr>
<td>May 2007</td>
<td>113</td>
<td>74</td>
<td>65</td>
<td>0</td>
</tr>
<tr>
<td>June 2007</td>
<td>75</td>
<td>51</td>
<td>68</td>
<td>0</td>
</tr>
<tr>
<td>July 2007</td>
<td>6,055</td>
<td>5,303</td>
<td>88</td>
<td>3,042</td>
</tr>
<tr>
<td>August 2007</td>
<td>1,049</td>
<td>637</td>
<td>61</td>
<td>584</td>
</tr>
<tr>
<td>September 2007</td>
<td>491</td>
<td>311</td>
<td>63</td>
<td>128</td>
</tr>
<tr>
<td>October 2007</td>
<td>421</td>
<td>302</td>
<td>72</td>
<td>88</td>
</tr>
<tr>
<td>November 2007</td>
<td>272</td>
<td>202</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>December 2007</td>
<td>184</td>
<td>142</td>
<td>77</td>
<td>18</td>
</tr>
<tr>
<td><strong>2007 Total Registered Callers</strong></td>
<td><strong>9,070</strong></td>
<td><strong>7,293</strong></td>
<td><strong>80</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Shipments</strong></td>
<td><strong>3,897</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total NRT Shipments</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>4,780</strong></td>
</tr>
</tbody>
</table>

Average Monthly Registered Callers for 2007 (Not including July & August) | 197
Average Monthly Registered Callers for July and August 2007 | 3,552
Average Monthly Registered Callers for 2007 | 756
2007 Average Monthly Registered Callers after offering NRT | 1,412
Average Monthly Registered Callers (not incl. July & August) requesting Intervention | 135
Average Monthly Registered Callers requesting intervention in July & August 2007 | 2,970
Average Monthly Registered Callers requesting intervention in 2007 | 608
Average Monthly Registered Callers requesting intervention prior to offering NRT | 66
2007 Average Monthly Registered Callers requesting intervention after offering NRT | 1,150