

**Request for Proposal
Department of Public Health**

RFP # 2008 - 0904

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to provide comprehensive and integrated case management services to pregnant and parenting women and teens to promote healthy birth outcomes and healthy lives.

Funding

An estimated \$1,051,728 in total funding is expected to be available through the Federal Maternal and Child Health Services Block Grant (MCHBG). Funding to support this project will be for a two and one half year period beginning approximately January 1, 2008 through September 30, 2010. Funding for the first year and beyond is subject to the availability of funds and satisfactory performance of the grantee. Proposals for individual awards should not exceed \$116,858 per year. Applications that exceed this set amount will be deemed non-compliant. All non-compliant applications will be returned to the applicant without further consideration.

Eligibility

Applications will be accepted from public and private organizations, community-based agencies, faith-based organizations and individuals. A total of three (3) individual funding awards will be available to any entities able to serve the targeted population that resides in one or more of the following towns: Waterbury, Bridgeport, New Haven, Hartford, New Britain, Stamford, Meriden, Norwalk, East Hartford, and Bristol.

Case management services must target pregnant women in financial need who do not qualify for other case management programs such as the State Healthy Start or Nurturing Families Program. Healthy Start insurance is available to persons at 185% of poverty level. This income limit may change in June 2008, when the Healthy Start insurance may be available to persons at 250% of poverty.

Closing Date

An original and **five (5)** copies of the completed proposal must be post marked no later than 12:00 noon November 27, 2007. No hand delivered applications will be accepted.

Place Due

Department of Public Health
Public Health Initiatives Branch
410 Capitol Avenue, MS# 11-MAT
P.O. Box 340308
Hartford, CT 06134-0308
Attention: Janet Brancifort, Public Health Services Manager
Family Health Section
Primary Care and Prevention Unit
E-Mail: janet.brancifort@ct.gov

Further Information

Applicants who download the RFP from the DPH web site must send written notice of their intent to apply to the DPH by **Thursday, November 1, 2007**. This notice can be sent using either the postal address or the e-mail address provided under the heading "**Place Due**" above. The names of the organizations that submit a letter of intent will be shared with others interested in servicing the same town(s) to foster collaboration in submitting one application.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must be submitted in writing by **Friday, November 16, 2007** to the DPH Project Manager. A copy of all written questions and responses will be provided to all applicants who request the RFP or who send a written request for such information to the DPH Project Manager. Responses to questions will be sent via e-mail to applicants who provide their e-mail address to the contact person listed above.

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I. Statement of Purpose

The purpose of the Request for Proposal is for the development of a comprehensive case management and parenting program to address significant perinatal health disparities, particularly those disparities experienced by African-American and Hispanic populations in a targeted area. The program shall focus on goals of the Healthy People 2010 objectives nine and sixteen to: 1) Increase the quality and years of a healthy life for women, infants and families and to 2) eliminate health disparities. ([Healthy People 2010](#)). Because limited funding is available, the CT DPH seeks to maximize the impact of comprehensive case management services by first targeting areas with the greatest burden and need. Ten towns have been identified as consistently ranking the highest for the following outcomes: teen births, very low birth weight, low birth weight, late or no prenatal care, non-adequate prenatal care and infant mortality across the state and among disparate populations (e.g., teenagers, African American/Blacks and Hispanics): Waterbury, Bridgeport, New Haven, Hartford, New Britain, Stamford, Meriden, Norwalk, East Hartford, and Bristol. The program shall engage women during the perinatal and interconceptional period and shall provide case management services that will promote early entry into and continuous prenatal care, positive birth outcomes, infant health, and optimal birth spacing. The target population for this initiative is pregnant and/or parenting women, with emphasis serving African-American/Blacks, Hispanics, teens and adolescent fathers (under 20 years of age).

II. Background

The Title V MCHBG provides funds to the State of Connecticut to assure that women and children (especially those with low income or limited availability of health services) have access to quality maternal and child health services. The federal Maternal and Child Health Bureau (MCHB) requires states that utilize these funds to conduct needs assessments every five years and provide annual reports of performance measures that evaluate identified health issues that affect mothers and children.

The 2005 Connecticut DPH state priority Maternal Child Health (MCH) needs assessment (see Section B.5. Selection of State Priority Needs) identified:

- **Large health disparities between White and minority populations.** Compared to national statistics, Connecticut residents report good health status overall. Significant health disparities, however, persist between Whites and the African-American/Black and Hispanic populations. These disparate outcomes are reflected in the decreased health status of these populations.
- **Late and inadequate prenatal care among young and teenage mothers and minority populations.** African-American/Black and Hispanic women are about 2-3 times more likely to begin prenatal care *after* the first trimester (18% and 23% respectively) compared to White women (8%). African-American/Black women also have higher rates of low birth weight deliveries and infant mortality compared to White women. The need for parenting education among this population group was also identified in the five-year assessment as a need.

The distribution of selected maternal risk and birth outcomes across CT cities/towns was examined to identify target areas. Birth data for 2003-2005 were examined by age and race/ethnicity and the following indicators: low birthweight infants, teenage births, inadequate prenatal care, and smoking during pregnancy. Data reveal several cities/towns that *consistently* represent the largest burden of these outcomes in Connecticut. For example, residents from

just four towns comprised more than half (55%) of all low birthweight infants delivered to African-American/Black mothers in CT in 2001-2003. These same towns also represent one-fourth (25%) of all low birthweight infants in CT, 42.6% of all births to teens in CT and 62.3% of all births to African-American/Black teens. Consistent evidence of burden, overall and among race/ethnic minorities and teenagers (under 20 years old), was the basis for selecting the cities/towns identified for this RFP.

Cultural competency is essential to the effective delivery of services to clients as their culture influences their behavior and effects their understanding of and compliance with recommendations. Case managers and service providers need to have the ability to communicate with diverse populations and possess the knowledge to understand culturally influenced health behaviors. Further, honoring and respecting their cultural values will foster the trust so crucial to effecting positive change.

Cultural competence requires that organizations:

- Have a defined set of values and principles, and demonstrate behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally;
- Have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve; and,
- Incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.

Interventions

Preconception Care:

Research has shown that early interventions promote positive perinatal health and birth outcomes. Preconception counseling and screening would provide an opportunity for chronic disease screening, promotion of wellness activities, provision of parenting information, referral to mental health services, and education on nutrition and breastfeeding.

Supportive Services:

Effective support services can help women address their health or social problems, gain access to needed food, housing, legal or other resources that help them comply better with medical treatments and avoid preventable complications of pregnancy. The odds of a good birth outcome were three times as high if women received these support services each trimester in care, whether they are in care for one, two or all three trimesters.

Community Engagement:

Targeting areas with high-risk populations, a system of referral for improving birth outcomes through the formation of a consortium, which shall include consumer, health care providers, community and faith based organizations, agencies and other interested stakeholders, that would provide an infrastructure essential to improving perinatal outcomes is essential.

Case Management:

Case management is a coordinated, culturally sensitive approach to provide services utilizing client assessment, development of a care plan, referral and follow up, monitoring, and use of wrap-around services (i.e., transportation, language sensitivity, child care, etc.). In order to be most effective, case management services will be provided in the perinatal and

interconceptional period. Services provided during the perinatal period should focus on all aspects of ensuring a healthy birth outcome as well as building social supports, providing education and promoting client self-efficacy. The interconceptional plan should focus on promoting birth spacing, family planning, ongoing medical care and building social supports.

Breastfeeding:

The CDC Guide to Breastfeeding Interventions provides information regarding activities that have been implemented in an effort to improve breastfeeding initiation and/or duration rates. Examples of evidence-based interventions that might be considered as part of a case-management model include: peer support, education of mothers, professional support and professional education.

Perinatal Depression:

A recent National Institute of Mental Health study showed that many women are vulnerable to depression after the birth of a baby. The hormonal and physical changes, as well as the added responsibility of a new life, can be factors contributing to postpartum depression in some women. The case management model shall include screening for depression during and after pregnancy, as well as referral and follow up to ensure services were successfully accessed.

Smoking:

Smoking during pregnancy has been correlated to LBW, preterm delivery, SIDS, and respiratory problems in newborns. The March of Dimes, Smoking During Pregnancy Fact Sheet, reports that in 2005 19.5% of women in CT ages 18-44 reported smoking. The U.S. Public Health Service reports that if all pregnant women ceased smoking during pregnancy, it would result in a 10% decrease in infant deaths. Cigarette smoking increases the risk for infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS). Maternal risks such as these must be addressed before pregnancy or early in prenatal care to reduce or eliminate related adverse outcomes.

Male Involvement:

There is increasing recognition of the value of male involvement in family planning, pregnancy prevention and parenting. Responsible sexual behavior is one of the ten leading health indicators for the nation in Healthy People 2010 and targets the behavior of both men and women. Teenage males face reproductive health decisions with fewer resources and male-specific counseling/clinic services than their female partners. Services that might be considered as part of a case-management model may include the role of the male in preventing teen pregnancy, job skill development and placement, parenting and reproductive health education (sexual responsibility). Programs may include counseling, tutoring, peer mentoring, school completion, employment, conflict resolution, anger management and sports activities.

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 and FAX number of 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 by the Branch concerning the applicant's legal status.

Please indicate 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:

The services must be designed to address women (including teens) during the perinatal and interconceptional period and/or parenting women and men. At least 30% of the clients to be served must be pregnant and/or parenting teens, both female and male, under the age of 20. Services are to be comprehensive, community-based, family centered, culturally appropriate and are to include, but are not limited to:

- A. Provision of comprehensive, integrated case management services to pregnant and post partum women and/or teens according to standards set by DPH, including:
 - Comprehensive client/family assessments that include needs and strengths; the assessment shall include the identification of health risks and development of individualized client/family care plans;
 - Referral, coordination and follow-up to assure that clients and families receive appropriate services from multiple providers and parenting/support groups;
 - Strategies for engaging and supporting teen fathers with the objective of specifically linking and referring clients to programs such as the Department of Social Services (DSS) Responsible Fatherhood Project or the Fatherhood Initiative;

- B. Screening for maternal depression (before, during and after pregnancy), linking clients to mental health services and providing follow up to ensure services were received.
- C. Interconceptional screening using a DPH approved screening tool and linking to appropriate services.
- D. Outreach activities that include, but are not limited to, media activities, the development and distribution of consumer education materials, participation in events/health fairs, and door-to-door visits for the purpose of: increasing awareness of issues related to infant mortality and low birth weight; and providing community based health education activities that promote overall perinatal health.
- E. Offering clients parenting classes that utilize evidence based curricula. The curricula must be approved by the DPH prior to implementation.
- F. Coordination of or participation in an existing community consortium integrating key stakeholders to identify and coordinate community resources to promote access to established supportive services;
- G. Demonstrate coordination with Healthy Start and Nurturing Families programs so as not to duplicate services;
- H. Development and implementation of a continuous quality improvement program based on standards set by DPH to assure the quality and appropriateness of services;
- I. Evaluation is critical to assessing how well a program is working. All applications **must include** an evaluation component, describing evaluative measures that will be used to document measurable progress toward reaching the project's stated goals. Evaluation shall include both process and outcomes measures, including, at a minimum: the number of clients enrolled; type of services provided; client demographics; number of prenatal depression screenings conducted; number of referrals and types of services referred to; number of clients who breastfeed; number of clients who smoke; birth outcomes (e.g., low birth weight, preterm birth) and health status indicators (pre- and post- delivery of services); and other measures as determined by the DPH.
- J. **Application must include a description of the Applicant's data systems support and its ability to respond to the evaluation criteria.**

D. Budget

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. **Competitiveness of the budget will be considered as part of the proposal review process.**

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 amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected Contractor must provide DPH with four copies of the subcontract. 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 negotiated based on time frames and deliverables described in section V of this RFP.

E. Work plan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, 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. **The project start date will be considered as part of the review criteria for this RFP.**

F. Staffing

The proposal must include and describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Attachment A. Resumes must be provided for all professional staff assigned to this project.

1. The Director/Administrator of the program shall hold a Master's degree in a health related field with program management experience serving the maternal and child population.

2. At the service delivery level:

- The Program Coordinator shall be prepared at the Master's level in nursing, social work or other health-related field;
- Direct service providers (i.e., care managers) shall hold a Bachelor's degree in nursing, social work or other health-related field and have experience in identifying client needs, care planning and be familiar with community resources;
- Program support staff (i.e., outreach workers, home visitors) shall hold a high school diploma or GED and have experience in communicating with families, working in the community and be familiar with the community needs and resources; and,
- Clerical support staff shall have training and/or experience in data entry and data management skills.

3. Provide an Organizational chart for the applicant as well as an organizational chart for the program.

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

A. Applicants must complete their proposal using the following procedures:

1. An original and five copies of the completed proposal must be addressed to: Janet Brancifort, Public Health Services Manager, Public Health Initiatives Branch, Family Health Section, Primary Care and Prevention Unit, 410 Capitol Avenue, MS# 11 MAT, P.O. Box 340308, Hartford, CT 06134-0308 and must be received at DPH no later than 12:00 noon on **Tuesday, November 27, 2007. No hand delivered applications will be accepted. If applications are hand delivered the person delivering it will need to go to the Post Office to get the packet postmarked.**
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 January 21, 2008

with an effective project start date on or about February 1, 2008.

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. 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). A payment schedule will be negotiated based upon the following deliverables:

- A. The list of members (and respective agencies/organizations) of the community-based consortium;
- B. Client /family assessment tool, including family health history and risk assessment, used by the program;
- C. Client/family care plan form used by the program;
- D. Policy and procedure manual to guide program activities; this should outline the manner in which this program will collaborate with other case management programs in the state (HS, NF);
- E. Continuous Quality Improvement plan used by the program;
- F. Quarterly program activity reports in a format provided by DPH;
- G. Quarterly financial reports in a format provided by DPH;
- H. Annual report according to the guidelines developed by DPH.

VI. Supervision

The DPH Project Manager within the Public Health Initiatives Branch, Family Health Section, Primary Care and Prevention Unit will provide supervision.

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 C, 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 C, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, *applicants with 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. Priority will be given to applicants who have demonstrated prior experience with case management around pregnant women and teens.
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 is presented which follows eligibility guidelines.
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.**

C. Review Process

A panel of appropriate staff and outside experts will review proposals, which meet the minimum requirements. This panel will make recommendations concerning the selection of a proposal for funding. Recommendations to the Commissioner will be submitted in rank order based on Team Scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Personal Service or 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.

[RFP2006TEMPLATE.doc]

XI. ATTACHMENTS

REQUEST FOR PROPOSAL

RFP # 2008- 0904

Case Management for Pregnant Women

DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH INITIATIVES BRANCH

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: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

B. CONTRACTOR INFORMATION

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: ☐ YES ☐ NO

Agency Fiscal Year:

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Type of Agency: ☐ Public ☐ Private ☐ Other, Explain: _____
☐ Profit ☐ Non-Profit

Federal Employer I.D. Number:

--

Town Code No:

--

Medicaid Provider Status: ☐ YES ☐ NO

Medicaid Number:

--

Minority Business Enterprise (MBE) : ☐ YES ☐ NO

Women Business Enterprise (MBE) : ☐ YES ☐ NO

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 two references (with their telephone numbers) that may be contacted to support your description of your experience in providing these services.

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A. Instructions Budget Summary 1**I. Personnel** (lines #1 - #5) each person funded:

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

Example:

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

II. Line #11 Contractual (Subcontracts) provide the total of all subcontracts and complete Subcontractor Schedule.**III.** Lines #6 - #13 complete categories as appropriate,**IV.** Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.

V.*Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:
<http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.

VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

IX. **2 Year Contracts:** 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

B. Budget Justification Schedule B

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

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

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

Example:

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

C. Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

Choose a category below for each subcontract using the basis by which it is paid:

☐ A. Budget Basis ☐ B. Fee for Service ☐ C. Hourly Rate.

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

Example A. Budget Basis

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

Example B. Fee for Service:

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

Example C. Hourly Rate:

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

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

Category	Amount
Personnel:	
1) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
2) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
3) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
4) Name & Position: ,	
Calculation:	
Fringe Benefit: %	
5) Name & Position: , :	
Calculation:	
Fringe Benefit: %	
6) Travel per mile X miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

*** Complete Subcontractor Schedule A

Budget Justification Schedule B

[illegible]

E. Workplan (make as many blank pages as needed)

Services to be Provided	Activities	Staff Position(s) Responsible	Expected Outcomes and Measures of Success	Timetable

F. Staffing

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

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

*Attach Resumes for all 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.

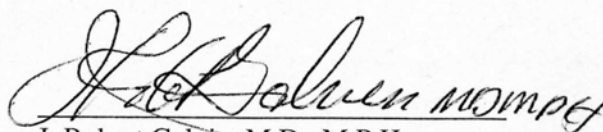
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area 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:

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

1. Have you successfully implemented an Affirmative Action Plan? ☐ YES ☐ NO

Date of implementation: _____ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?

☐ YES ☐ NO ☐ Not Applicable Explanation:

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

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

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

☐ YES ☐ NO Explanation:

Contractor's Authorized Signature

Date

ATTACHMENT B PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

Applicant

<u>Criteria:</u>	<u>Maximum Points*</u>	<u>Bidder's Points</u>
1. The extent to which applicant has demonstrated successful experience providing similar services. Priority will be given to applicants who have demonstrated prior experience with case management around pregnant women and teens.	(15)	()
2. The Department's prior experience with the applicant organization, including issues of contract compliance.	(5)	()
3. The extent to which references provided support the applicant's success providing similar services.	(15)	()
4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.	(15)	()
5. The extent to which adequate time is allocated to manage the services to be provided.	(10)	()
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 workplan is presented, with measurable objectives and specific, appropriate timelines.	(15)	()
8. The extent to which a cost effective budget is presented which follows eligibility guidelines.	(5)	()
9. The extent to which 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.	(5)	()
10. The fiscal competitiveness of the proposal.	(5)	()
TOTAL	(100)	()

ATTACHMENT C

MINIMUM REQUIREMENTS CHECKLIST *

Applicant

1. Resumes provided for all professional staff assigned to this project. _____
2. Completed Notification to Bidders form included in proposal. _____
3. Completed Workforce Analysis Questionnaire included in proposal. _____
4. Signed Statement of Adherence to Assurances included in proposal. _____
5. An original and 5 copies of the completed proposal must be received
at DPH no later than November 27, 2007. _____
6. Proposal is completed on Application Forms included in Attachment A. _____
7. The proposal is signed by an authorized official of the Applicant
Organization. _____