

**PROCUREMENT NOTICE**  
**State of Connecticut**  
**Department of Correction**  
**Legal Notice**

Notification of a procurement opportunity for **Medication Assisted Treatment to Incarcerated Inmates**, required by the Connecticut Department of Correction is available for review, download and printing on the State's Procurement/Contracting Portal at:  
[www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp).

Bid notices may also be accessed on the Department of Correction web page at:  
<http://www.ct.gov/doc>

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration Office at (860) 692-7758.

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

1. **RFP Name or Number:** RFP #DOC-MATOTP-13-KM / New Haven Pilot
2. **Summary:** The purpose of this request is to procure the services of a community-based agency to collaborate with the Department on implementation of a pilot Medication Assisted Treatment/Opiate Treatment Program (MAT).
3. **Synopsis (Optional):** The Connecticut Department of Correction (CTDOC) is interested in piloting the MAT program at New Haven Correctional Center (NHCC) for the treatment of inmates addicted to opiates. The program will provide Methadone treatment within the correctional facility to approximately 200 inmates annually, although the initial pilot program will be funded for approximately 100 inmates over six (6) months.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
  - 0098: Medical Services

### ■ B. DEFINITIONS

1. *Department:* For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Correction.
2. *Contractor:* A private provider organization, CT State agency, or municipality that enters into a POS (Purchase of Service) contract with the Department as a result of this RFP.
3. *Proposer:* A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
4. *Prospective Proposer:* A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
5. *Subcontractor:* An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
6. *Startup Costs:* One-time costs incurred for the startup of a program. These costs may not be annualized.

### ■ C. INSTRUCTIONS

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

**Name:** Melanie Sparks  
**Address:** 24 Wolcott Hill Road  
 Wethersfield, CT 06109  
**Phone:** 860 692-7758  
**Fax:** 860 692-7810  
**E-Mail:** Melanie.Sparks@po.state.ct.us

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

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

Department's Web Site:  
<http://www.ct.gov/doc>

State Contracting Portal:  
<http://www.das.ct.gov>

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

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

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

- Total Funding Available: \$50,000
- Number of Awards: 1
- Contract Cost: \$50,000
- Contract Term: 6 months, with possible renewal for up to 8 years

- 4. Eligibility.** Pursuant to C.G.S. § 18-101i, the Department must award purchase of service contracts only to private nonprofit organizations, State agencies, or units of local government. Additionally, the Department will issue a contract only to an organization that has satisfied all state and federal requirements for the dispensing of methadone both within a correctional facility and in a community setting.

- 5. Minimum Qualifications of Proposers.** In accordance with CGS §18-101i, bids will be accepted from private, non-profit organizations, state agencies or units of local government. Preference will be given to respondents with a proven history of providing the requested or substantially similar services in the requested geographical areas.

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

- RFP Planning Start Date: November 1, 2012
- RFP Released: January 13, 2013
- Deadline for Letter of Intent: 3:00 PM, January 28, 2013
- Deadline for PRE RFP Conference Questions: 3:00 PM, January 30, 2013
- Answers Released: February 1, 2013
- RFP Conference: February 8, 2013
- Deadline for POST RFP Conference Questions: 3:00 PM, February 15, 2013
- Answers Released: February 19, 2013
- Deadline for Proposal Submission: 3:00 PM, March 8, 2013
- (\*) Proposer Selection: March 29, 2013
- (\*) Start of Contract Negotiations: April 1, 2013
- (\*) Start of Contract: July 1, 2013

7. **Letter of Intent.** A Letter of Intent (LOI) is required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C.1 of this RFP. LOI's may be submitted by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.
8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all proposers or prospective proposers. The Department reserves the right to answer questions only from those who have submitted an LOI. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The Department will release the answers to questions on the dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site.
9. **RFP Conference.** An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **mandatory**. Prospective proposers who are not physically represented at the conference are automatically disqualified and ineligible to submit proposals. Copies of the RFP will not be available at the RFP Conference. Prospective proposers are asked to bring a copy of the RFP and writing instruments to the conference. At the conference, attendees will be provided an opportunity to submit written or verbal questions, which the Department's representatives may (or may not) answer at the conference. Any verbal answers given at the conference by the Department's representatives are tentative and not binding on the Department. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's Web Site.
- Date: February 8, 2013
  - Time/Location: TBD (specifics will be emailed to prospective proposers who submitted an LOI)

10. **Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be **received** by the Official Contact on or before the due date and time:
- Due Date: March 8, 2013
  - Time: 3:00 PM

Faxed or e-mailed proposals **will not be evaluated**. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be

evaluated. At the discretion of the Department, late proposals will either be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

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

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with Microsoft Office Word 2007. For the electronic copy, whenever possible, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

**11. Multiple Proposals.** The submission of multiple proposals from the same proposer is **not** an option with this procurement.

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

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

#### ■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV, pages 18-19 of this RFP. Proposals that fail to follow the required outline will be deemed non-responsive and will not be evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department as Form #6, in Section IV.I, page 28 of this RFP.

3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV)
4. **Executive Summary.** Proposals must include a 1 page summary of the main proposal and cost proposal. This summary should include: the type of program being proposed, number of beds proposed, annual number of inmates served, location of program, a brief agency history, and a brief program philosophy.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
  - Binding Type: Loose Leaf, Bound with a Butterfly Clip
  - Dividers: No Dividers
  - Paper Size: Standard Letter
  - Print Style: 2-sided
  - Font Size: 12
  - Font Type: Times New Roman
  - Margins: None specified
  - Line Spacing: Single Space
7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes, packages or boxes and must be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope, package or box. The RFP Name or Number must be clearly displayed on the envelope, package or box. Any proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but will not be evaluated. At the discretion of the Department, such a proposal may be either destroyed or retained for pick up by the submitters.

## ■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.

- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.
- Organizational Profile (weighted at a factor of 1)
  - Scope of Services (weighted at a factor of 3)
  - Staffing Plan (*see note*) (weighted at a factor of 1)
  - Data and Technology (weighted at a factor of 1)
  - Subcontractors (weighted at a factor of 1)
  - Work Plan (weighted at a factor of 2)
  - Financial Profile (weighted at a factor of 1)
  - Budget and Budget Narrative (weighted at a factor of 2)
  - Appendices (weighted at a factor of 1)

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

- 5. Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.
- 6. Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
- 7. Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head with a copy of the appeal being sent to the Official Contact. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
- 8. Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

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

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

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

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

Note:

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

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

### ■ B. ASSURANCES

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

1. **Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
2. **State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
3. **Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor. This section shall not apply when proposals are being submitted to operate a collaborative program provided by one or more separate entities.

4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ **C. TERMS AND CONDITIONS**

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume liability for expenses incurred by proposers in preparing, submitting, or clarifying proposals submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

**■ D. RIGHTS RESERVED TO THE STATE**

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part or reject proposals in whole or in part for misrepresentation, or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any or all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

**■ E. STATUTORY AND REGULATORY COMPLIANCE**

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

1. **Freedom of Information, C.G.S. § 1-210(b).** FOIA generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain

documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: Proposer must complete and submit Ethics Form 5 with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)
- 5. Nondiscrimination Certification , C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms)  
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### III. PROGRAM INFORMATION

#### ■ A. DEPARTMENT OVERVIEW

This RFP is being issued in keeping with the Department's mission which states, 'The Department of Correction shall protect the public, protect staff and provide safe, secure and humane supervision of inmates with opportunities that support restitution, rehabilitation and successful community reintegration.'

The New Haven Correctional Center (NHCC) is a jail located at 245 Whalley Avenue, New Haven, CT. It currently houses approximately 800 male inmates and serves the Superior Courts in the communities of Ansonia, Meriden, New Haven, Bantam, Litchfield and Waterbury. Of these 800 resident inmates, approximately 15% (100 – 150) are sentenced inmates while the remaining 85% (650 – 700) are pre-trial detainees. Sentenced inmates may remain incarcerated at NHCC for up to two (2) years, while the pre-trial detainees may have a significantly shorter stay. On average, approximately 50% of the pre-trial detainees are released from NHCC within thirty (30) days of admittance.

#### ■ B. PROGRAM OVERVIEW

Through this RFP, the Department is seeking to pilot a Medication Assisted Therapy/Opiate Treatment Program (MAT) at the New Haven Correctional Center. The MAT program will be centered on methadone treatment of short-term incarcerated inmates.

##### **Description of Requested Services:**

As described below, the Department envisions four major components to the services provided as a result of this solicitation:

1. The provider chosen as a result of this solicitation will be expected to provide MAT services at NHCC to inmate patients who are being maintained on an approved medication for opiate dependence.
2. The provider chosen as a result of this solicitation will be expected to provide assessment and induction to treatment for appropriate inmate patient candidates who are not currently on an approved medication for opiate dependence. Such treatment will be expected to begin prior to the inmate patient's release and extend into the community after such release.
3. The provider chosen as a result of this solicitation will be expected to perform data collection and analysis to ensure that real-time program performance objectives are met. Such functions will also include measurement of the impact of the program on key variables such as re-incarceration and medication compliance.
4. The provider chosen as a result of this solicitation will be expected to collaborate with the Department to identify and secure long-term and sustainable funding for the MAT services detailed in this solicitation.

##### **Target Population:**

It is anticipated that this project will serve approximately 100 inmate patients at NHCC annually and focus on two specific populations within NHCC:

1. Pre-trial detainees who enter NHCC and almost immediately bond out of the jail. These inmates are referred to as the "rapid turnaround" group because they may bond out in a short period of time. Some of these inmates will enter NHCC already on a MAT program under the treatment of an opiate treatment provider. Of the remainder, some will qualify for MAT and others will not. Both those entering NHCC on MAT as well as those who qualify for MAT are the concern for this project.
2. Inmates who are already sentenced and confined at NHCC with longer term sentences. These inmates may stay at NHCC for up to two years. It is anticipated that a percentage of these inmates will be appropriate for MAT upon their release. Members of this group who qualify for MAT are also the concern of this project.

**Basic Requirements:**

The Department is open to a variety of options for achieving success in this initiative, although options presented by applicants in this solicitation must satisfy the following requirements:

1. All medication-assisted treatment must be in compliance with relevant federal, state and local laws, rules and regulations.
2. All prescribers and other service providers must be appropriately trained and credentialed in accordance with medical practice standards and applicable federal, state, and local laws, rules and regulations.
3. The provider must ensure and demonstrate that all services, including dispensing of methadone in a facility such as a prison/jail are in accordance with medical practice standards and applicable federal, state and local laws, rules, regulations and licensure requirements.

**Financial Sustainability:**

This initiative marks a new and previously untested approach to inmate patient care within the Department. At this time financial support of the program is limited. It is the expectation of the Department that the provider will work with Department staff to identify and seek potential funding sources for the long-term viability and sustainability of the program.

**Departmental Capabilities:**

The Department has limited staff capability that may be available to support the efforts of the provider in carrying out the objectives of this solicitation. The Department does have substance abuse counselors who may be available to assist the provider in meeting certain tasks required within the facility. In addition, through the Parole and Community Services Unit, the Department has the capability of providing supervision functions for any inmate released to parole and certain other supervised release statuses. These parole officers may be available to assist the provider with post-release follow up of inmate patient treatment. The Department also currently supports a team of Department of Social Services staff whose sole function is to enroll releasing inmates in state and federally-funded medical insurance. The provider should not expect to receive any medical support from facility prescribers.

## ■ C. MAIN PROPOSAL COMPONENTS

### 1. Organizational Requirements

- (a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program.
- (b) Entity Type / Years of Operation: Please provide a brief history of the agency and the proposed program. Proposer must be established as a private, non-profit entity, state agency or unit of local government prior to submission of a proposal, and must provide proof of such status in Section H of the proposal.
- (c) Administrative Office Location: Please provide the location of the agency's administrative offices.
- (d) Qualifications / Certification / Licensure: Please describe your agency's experience providing the kinds of services being requested through this solicitation. Describe the applicable licensure held by your organization, its relevance to the proposed program and your ability to adhere to such licensure requirements. Provide assurance that you are aware of all required licenses, certifications or other formal and informal approvals required for the proposed program and that your organization holds all such approvals.
- (e) References: If you do not currently or have not in the past 3 years provided services to the Department, at least two reference letters must be included in Section H of the proposal to support the description of your experience in providing these services. Letters must include agency name, contact name, mailing address, phone number and email address of the writer. Letters must also include the nature of the writer's relationship with the proposer and the extent of the proposer's

provision of services to the writer. This is **NOT** a Letter of Support. The writer must be able to detail a prior relationship of services provided by the proposing agency.

## 2. Service Requirements

Proposals should address each of the following areas. Indicate if your proposed program will deliver a service directly (D), through referral (R) or will not provide the service (NA).

- (a) Number and Type of Inmates to be Served: Detail gender and age of inmates accepted into the program. It is anticipated that services will be limited to a male population of offenders ages 18 and over. It is further anticipated that annual numbers served will not exceed 200, although the pilot portion of this contract will be expected to serve approximately 100 inmate patients in the initial six (6) month period.
- (b) Date of Program Availability: Programs should be available by June 1, 2013. This section of the proposal should also include a timeline for implementation of the program, and should describe any anticipated delays in the startup of the program.
- (c) MAT/Maintenance: The Department plans to initiate a more effective medical treatment program for the approximately 80% of inmates who have a history of substance abuse problems. The initial phase of this program involves the MAT pilot. The population served through the MAT pilot includes those individuals who enter NHCC already on methadone maintenance therapy. The pilot project will be one year in length and will involve provision of comprehensive services to approximately 100 or more inmate patients who enter NHCC and qualify for continuation of MAT, based upon criteria to be established by the Department, in conjunction with the provider chosen as a result of this solicitation. It is anticipated that in general, clinical appropriateness and logistical feasibility will determine criteria for treatment.

Proposals should describe the provider's intended approach for assessment and treatment of this group of inmate patients. Proposals should include information on logistics of assessment, proposed treatment modalities, number of weekly visits by the provider to NHCC and logistics of administration of methadone, and mechanism of service provision to inmate patients.

- (d) MAT/Induction: The second component of this program involves the induction of appropriate inmates to medication assisted therapy prior to release from NHCC. These inmates will either be leaving the custody of the Department at their end of sentences (EOS) or they will be leaving to a period of community supervision by the Department or other criminal justice agency through a variety of other mechanisms. These releasing inmate patients will have been in residence at NHCC for anywhere from a period of one week to two years. A major component of proposals submitted in response to this solicitation is to describe implementation of a process that will ensure medically-accurate assessment of inmate patients to determine if they qualify for MAT. Follow-up by the chosen provider upon the inmate's release is also a critical component of this process. The Department is especially interested in MAT for opiate and opioid-addicted inmates, and the preferred medication is methadone.

Proposals should describe the provider's intended approach for assessment and treatment of this group of inmate patients. Proposals should include information on logistics of assessment, proposed treatment modalities, number of weekly visits by the provider to NHCC, logistics of administration of methadone, community linkage and follow-up upon release and level of care while in the community.

- (e) Continuity of Care: Continuity of care is a key tenet of the Department's vision pertaining to healthcare for its inmate patients. The Department believes that effective substance abuse treatment such as MAT should be provided in the context of comprehensive healthcare. Because of this, the Department is requiring that the organization providing MAT to the inmate patient population have either in-house capability of providing comprehensive primary care or a close working relationship with one or more such local healthcare organizations. A key component of this proposal will be the extent and comprehensiveness of the network of services that the successful proposer is able to establish in the areas of medical, mental health, and addiction services. In addition, rapid and

accessible follow-up mechanisms both for the rapid turnaround MAT maintenance jail population and for those who qualify for medication induction upon release to the community are critical components of these services. This includes primary health care, mental health care, and addiction services care including the provision and management of MAT as well as counseling as a component of the standard of care in MAT.

Proposals should describe the provider's intended approach to ensure the continuity of care for this population. Proposals should include the provider's level of capability to provide the care described above, or the provider's plans to ensure that the inmate patient is linked to other healthcare providers in the geographical area.

- (f) Evidence-Based Programming: The proposal must describe the extent to which services are evidence-based and how that determination was made. Describe what evidence-based curricula are being utilized. Please cite specific research, papers, journals, etc. Copies of the cited literature will be requested, if necessary. **Do Not** include them with the proposal.

### 3. Staffing Requirements

Proposers must describe the staff categories to be assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is multi-lingual and multi-cultural. Job descriptions, minimum qualifications, licensing requirements, hours per week and hourly wages must be provided for all staff categories assigned to this project. Please do not include resumes. If the staff person to be assigned to the position is known at the time of proposal submission, a brief narrative summarizing that person's qualifications is sufficient.

It should be understood that staff assigned to this project by the provider will be required to successfully complete a CTDOC Background Check and Volunteer Intern and Professional Partner Application. As such, the Department reserves the right to deny the hiring of any person who cannot successfully complete such criminal checks. It should also be understood the staff assigned to this project by the provider will be required to perform duties within a correctional institution.

### 4. Data and Technology Requirements

Proposers must describe the extent to which the agency and the proposed program have the capability to access the internet, send/receive outside email and view PDF documents.

The Department expects that the provider will have the capacity to collect and provide electronic data designed to measure ongoing real-time performance variables as well as formal outcome variables such as re-arrest, re-incarceration, recidivism, and program retention/medication compliance. This would be done in conjunction with the Department's data support and analysis capacity. The Department will collaborate with the provider to identify appropriate metrics and develop methods to measure them and analyze their meaning.

Performance Outcome Measures will be developed collaboratively with the Department after contract execution. Reporting requirements will be determined by the Department.

## D. COST PROPOSAL COMPONENT

### 1. Financial Requirements

Proposers must submit cover letters from their auditor for the last 3 annual audits of their agency. Letters must be included in Section H of the proposal. If less than 3 audits were conducted, please detail why.

### 2. Budget Requirements

Proposals must contain an itemized budget on the budget form included as Form #8 in Section IV (I.h), pages 29-31 of this RFP. All startup costs must be clearly identified as 1 line item in the budget.

A budget narrative must be provided, explaining all costs contained in the budget. All start up costs must be separately and clearly detailed in the budget narrative.

All other funding, including agency financial support must be identified. The provider will not be allowed to charge inmate patients any fees for services provided. It is unclear at this time whether or not inmate patients enrolled in this program prior to their release into the community will be eligible for CT State assistance, although this is an avenue that the Department will require assistance with pursuing. Once released to the community, these inmate patients may be eligible for CT State assistance.

**NOTE:** Section IV below details the format that each proposal should follow. Proposals should not deviate from the established format, and must include all forms/attachments/addendums listed in the section below.

**IV. PROPOSAL OUTLINE**

	<u>Page</u>
<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	
<b>E. Executive Summary.</b> . . . . .	
<b>F. Main Proposal</b> . . . . .	
<b>1. Organizational Profile</b> . . . . .	
a. Purpose / Mission / Philosophy . . . . .	
b. Entity Type / Years of Operation . . . . .	
c. Administrative Office Location . . . . .	
d. Qualifications / Certifications / Licensures . . . . .	
e. References . . . . .	
<b>2. Scope of Services</b> . . . . .	
a. Number and Type of Inmates to be Served . . . . .	
b. Date of Program Availability . . . . .	
c. MAT/Maintenance . . . . .	
d. MAT/Induction . . . . .	
e. Continuity of Care . . . . .	
f. Evidence-Based Programming . . . . .	
<b>3. Staffing Plan</b> . . . . .	
a. Staffing Plan . . . . .	
b. Job Descriptions . . . . .	
<b>4. Data and Technology</b> . . . . .	
<b>5. Subcontractors</b> . . . . .	
<i>If the proposal includes the use of subcontractors, please detail the following. If this proposal is being submitted as a stand-alone program, this section of the proposal may be omitted.</i>	
a. Legal Name of Agency, Address, FEIN . . . . .	
b. Contact Person, Title, Phone, Fax, E-mail . . . . .	
c. Services To Be Provided Under Subcontract . . . . .	
d. Subcontract Cost and Term . . . . .	
<b>G. Cost Proposal</b> . . . . .	
a. Line Item Budget (Form #7) . . . . .	
b. Budget Narrative . . . . .	

**H. Appendices . . . . .**

- a. Proof of Non-Profit Status . . . . .
- b. Letters of Reference (if required) . . . . .
- c. Cover Letters from Previous 3 Audits . . . . .

**I. Forms . . . . .**

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



STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION- FORM #1

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

INSTRUCTIONS:

Complete all sections of the form. Attach additional copies of this certification, if necessary, to provide full disclosure about any gifts made to any public official or employee of the awarding State agency. Sign and date form in the presence of a Commissioner of the Superior Court or Notary Public. Submit completed form to the awarding State agency at the time of contract execution.

CHECK ONE:

- Initial gift and campaign contribution certification.
Annual update of initial gift and campaign contribution certification. (Multi-year contracts only.)

CERTIFICATION: [ Number of Certifications Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, am the official authorized to execute the attached contract on behalf of the contractor (named below). I hereby certify that no gifts were made, as defined and described in C.G.S. §§ 4-250(1) and 4-252(c)(1), between the date (indicated below) that the awarding State agency began planning the project, services, procurement, lease or licensing arrangement covered by this contract and the execution date of this contract, except for the gift(s) listed below:

Table with 5 columns: Date of Gift, Name of Gift Giver, Name of Recipient, Value, Gift Description

I further certify that neither I, nor any principals or key personnel of the contractor, nor any principals or key personnel of the agents of such contractor, know of any action by such contractor to circumvent the above prohibition on gifts by providing for any other principals, key personnel, officials, employees or agents of such contractor to provide a gift to any public official or employee, as described in C.G.S. § 4-250(c).

I further certify that, on or after December 31, 2006, neither I, nor any principals or key personnel of the contractor, nor any principals or key personnel of the agents of such contractor, made a contribution to, or solicited a contribution on behalf of, any campaigns of candidates for statewide public office or the General Assembly.

I further certify that the contractor made the bid or proposal without fraud or collusion with any person.

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

Printed Contractor Name Signature of Authorized Official Date

Federal Employer ID Number (FEIN) or Printed Name of Authorized Official

Social Security Number (SSN)

Department of Correction Awarding State Agency Start Date of Agency Planning Contract Execution Date

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Commissioner of the Superior Court or Notary Public



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [ Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:

Consultant's Name and Title Name of Firm (if applicable)

Start Date End Date Cost

Description of Services Provided:

Is the consultant a former State employee or former public official? [ ] YES [ ] NO

If YES: Name of Former State Agency Termination Date of Employment

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

Printed Name of Bidder or Vendor Signature of Chief Official or Individual Date

Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Commissioner of the Superior Court or Notary Public

**FORM #3**  
**Acknowledgement of Contract Compliance**  
**Notification to Bidders**

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

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

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

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**BIDDER CONTRACT COMPLIANCE MONITORING REPORT - FORM # 4****PART I - Bidder Information**

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

**PART II - Bidder Nondiscrimination Policies and Procedures**

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

Part III - Bidder Subcontracting Practices

(Page 4)

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

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

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above?

Yes\_\_ No\_\_

PART IV - Bidder Employment Information

Date:

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

\*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder Hiring and Recruitment Practices

(Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification  (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service					Work Experience	
Private Employment Agencies					Ability to Speak or Write English	
Schools and Colleges					Written Tests	
Newspaper Advertisement					High School Diploma	
Walk Ins					College Degree	
Present Employees					Union Membership	
Labor Organizations					Personal Recommendation	
Minority/Community Organizations					Height or Weight	
Others (please identify)					Car Ownership	
					Arrest Record	
					Wage Garnishments	

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

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

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER INFORMATION REPORT EEO-1

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

### Section A—TYPE OF REPORT

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

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

(1)  Single-establishment Employer Report

Multi-establishment Employer:

(2)  Consolidated Report (Required)

(3)  Headquarters Unit Report (Required)

(4)  Individual Establishment Report (submit one for each establishment with 50 or more employees)

(5)  Special Report

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

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

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

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

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

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

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

**Section D - EMPLOYMENT DATA**

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

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

**Section E - ESTABLISHMENT INFORMATION (Omit on the Consolidated Report.)**

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

**Section F - REMARKS**

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

**Section G - CERTIFICATION**

Check  1  All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)

Check  2  This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of person to contact regarding this report \_\_\_\_\_ Title \_\_\_\_\_ Address (Number and Street) \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone No. (including Area Code and Extension) \_\_\_\_\_ Email Address \_\_\_\_\_

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



**REQUEST FOR PROPOSAL  
RFP # DOC-MATOTP-13-KM  
Department of Correction  
January 2013**

**FORM #6: Proposal Cover Sheet**

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

Address \_\_\_\_\_

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

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

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Total Annual Program Cost \_\_\_\_\_  
*(not including startup)*

Total Annual Cost to CTDOC \_\_\_\_\_  
*(not including startup)*

Requested Startup Costs \_\_\_\_\_

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

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

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

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

\_\_\_\_\_  
Signature of Authorizing Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed Name and Title

## FORM #7 RFP # DOC-MATOTP-13-KM PROPOSED BUDGET

PROVIDER NAME

PROPOSED PROGRAM

<b>I. SALARIES &amp; WAGES</b>					
<b>Direct Inmate Service Staff</b>		<b>Number FTE's</b>	<b>Average Annual Salary</b>	<b>Pilot 6-Month Total</b>	<b>Annual Line Total</b>
A.	Program Director				
B.	Counselors				
C.	Nurse Practitioners				
D.	Clinicians				
E.	Case Managers				
F.	Nurses				
G.	Other:				
H.	Other:				
I.	Other :				
<b>Subtotal Direct Service Support Salaries</b>					
<b>Direct Service Support Staff</b>					
J.	Other:				
K.	Other:				
L.	Other:				
M.	Other:				
N.	Other:				
O.	Other:				
<b>Subtotal Direct Service Support Salaries</b>					
<b>TOTAL DIRECT SERVICE SALARIES</b>					
<b>II. NONSALARY DIRECT SERVICE COSTS</b>				<b>FY 2014</b>	<b>Annual Line</b>
				<b>Total</b>	<b>Total</b>
A.	Temporary Help ( not employees )				
B.	Contract Services				
C.	Telephone				
D.	Office Supplies & Postage				
E.	Staff Training & In-service				
F.	Advertising:				
	1. Recruitment - Staff				
	2. Program Advertising				
G.	Vehicle Expense (gas, oil, repairs)				
H.	Mileage Reimbursement				

I.	Dues, Fees, Licenses, Subscriptions				
J.	Inmate Medical Cabinet Supplies				
K.	Inmate Lab Fees:				
	1. Urines				
	2. Blood				
L.	Inmate Pharmaceuticals				
M.	Inmate Training & Supplies				
N.	Inmate Recreational Supplies				
O.	Rental/Lease Payments				
P.	Property and Real Estate Taxes				
Q.	Insurance				
	1. Umbrella				
	2. Malpractice/ Prof. Liability				
	3. Liability				
	4. Property (including liability)				
	5. Vehicles				
	6. Other:				
R.	Dietary				
	1. Food				
	2. Non Food				
S.	Maintenance Supplies/Expenses				
T.	Utilities (heat, water, light)				
U.	Depreciation				
V.	Minor Equipment (\$250 - \$600)				
W.	Other:				
	<b>Subtotal Non-Salary Costs</b>				
<b>III.</b>	<b>TOTAL DIRECT SERVICE COSTS</b>				
<b>IV.</b>	<b>ALLOCATED EMPLOYEE BENEFITS</b>				
<b>V.</b>	<b>ALLOCATED ADMIN. EXPENSE</b>				
<b>VI.</b>	<b>STARTUP COSTS (FY 2010 ONLY)</b>				
<b>VII.</b>	<b>MAJOR EQUIPMENT</b>				
<b>VIII.</b>	<b>TOTAL EXPENSES</b>				
<b>IX.</b>	<b>REVENUE</b>				
<b>A.</b>	<b>Operating Revenue</b>				
1.	DMHAS:				
2.	Judicial				
3.	General Public Assistance from Towns				
4.	DCF				
5.	Title 19 (Medicaid fee-for-service)				

6.	Other:				
7.	Other:				
8.	Other:				
9.	Other:				
10.	Other:				
	<b>Subtotal Operating Revenues</b>				
<b>B.</b>	<b>Grant Revenue</b>				
1.	United Way				
2.	Town				
3.	Other:				
4.	Other:				
	<b>Subtotal Grant Revenues</b>				
<b>C.</b>	<b>Other Revenue</b>				
1.	Fund Raising				
2.	Contributions				
	a. Restricted				
	b. Unrestricted				
3.	Investment Income				
4.	Interest Income				
5.	Gain on Sale of Assets				
6.	Other:				
	<b>Subtotal Other Revenues</b>				
<b>D.</b>	<b>TOTAL ALL NON-DOC REVENUES</b>				
<b>E.</b>	<b>TOTAL REQUESTED DOC FUNDING</b>				
<b>F.</b>	<b>TOTAL ALL REVENUES</b>				

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