

**State of Connecticut
Department of Correction and
Judicial Branch Court Support Services**

**SEX OFFENDER RESIDENTIAL SERVICES
Request for Proposal - RFP # DOC-SO-09-RB**

The Connecticut Department of Correction (CTDOC), in collaboration with The Judicial Branch Court Support Services Division (CSSD) is pleased to announce the availability of funds to purchase residential services for sex offenders. For the purposes of this RFP, sex offender has been defined as any person convicted of a sexual offense, or any offender who exhibits problematic sexual behavior, as determined by CTDOC or CSSD staff. The Connecticut General Assembly has authorized additional funding for 24 new residential beds.

Eligibility - In accordance with the Connecticut General Statutes, 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.

Important Dates – **August 10, 2008 – Release of Request for Proposal (RFP)**
August 15, 2008 – Mandatory Letter of Intent To Bid due - 3:00 P.M.
August 19, 2008 – Mandatory Bidders' Conference (tentative schedule)
August 21, 2008 – All questions due, 3:00 P.M.
August 25, 2008 – All answers released by CTDOC
September 5, 2008 – All Proposals due – 3:00 P.M.
November 1, 2008- Anticipated Program Start Date

To participate in the application process, all interested parties **must submit** a non-binding Letter of Intent to Bid. All such letters must be **received** by the contact listed below, no later than **August 15, 2008**, by 3:00 PM. Letters of Intent to Bid may be mailed or submitted via fax or e-mail. Failure to submit a Letter of Intent to Bid by the date and time indicated will remove potential bidders from eligibility to bid. Letters of Intent must contain all pertinent contact information.

RFP Sole Contact Person:

Joel R. Ide
Department of Correction
24 Wolcott Hill Road
Wethersfield, CT 06109
P: 860 692-7757 / F: 860 692-7772 / E: JoelR.Ide@po.state.ct.us

In order to expedite this process, it is important that all Letters of Intent to Bid and Questions contain appropriate e-mail addresses to which CTDOC will email responses or any other information/notices. Please make sure email screening software recognizes and accepts emails from Mr. Ide's email address.

Further Information: To assure an equitable process, all questions regarding this RFP must be submitted in writing by **August 21, 2008**, 3:00 PM, to the contact listed above. All questions received will be answered in writing, with a copy of all questions and responses provided to all applicants who have submitted a Letter of Intent to Bid and attended the mandatory Bidder's Conference.

An original and five copies of the completed proposals must be received at 24 Wolcott Hill Road, to Mr. Ide's attention via U.S. Mail, Delivery Service or Hand Delivery, no later than **September 5, 2008**, 3:00 PM. The original must carry original signatures. **PROPOSALS MAY NOT BE FAXED OR EMAILED. PROPOSALS RECEIVED AFTER THE DATE AND TIME INDICATED WILL NOT BE ACCEPTED AND WILL BE DESTROYED OR RETAINED FOR PICK UP BY SUBMITTER.**

**SEEKING INFORMATION FROM ANY OTHER CTDOC OR CSSD STAFF MEMBER WILL RENDER
YOUR AGENCY INELIGIBLE TO BID.**

I. Background

The Department of Correction and the Court Support Services Division of the Judicial Branch have operated a wide variety of community residential and non-residential programs for over 30 years. These programs serve to assist in the reintegration of offenders into their communities in a structured and supervised manner. Currently, neither agency operates a residential program specifically designated for sex offenders, although the agencies collaborate on the provision of a non-residential sex offender program, contracted through The Connection, Inc., for treatment of such offenders.

In a collaborative effort, CTDOC and CSSD have identified sex offenders as a target population in need of residential services upon reentry into the community. Placement preference may be given to those sex offenders identified by CTDOC and CSSD as being in need of housing upon release. Supervision of programs awarded through this RFP will be provided by CTDOC. CSSD will have the right to oversee services provided to its clients.

II. Agency Needs

CTDOC and CSSD are seeking sex offender residential treatment programs with a work release component for male offenders, age eighteen (18) and older, released into the community prior to the termination of their sentences.

CTDOC and CSSD have defined sex offender residential programming as three (3) to six (6) month programs designed to assist sex offenders in obtaining gainful employment and successful reintegration into the community upon their release, while providing baseline case management and treatment services in a staff-secure congregate setting.

CTDOC and CSSD have established the following capacity targets:

- ◆ Twenty-four (24) male sex offender beds in a metropolitan area within the State of Connecticut

Proposals must be submitted for programs provided in congregate settings only, and must demonstrate the provision of on site, 24/7, staff-secure supervision. Proposals will be accepted for no less than six (6) beds in any one location, but preference will be given to programs demonstrating the availability of twelve (12) or twenty-four (24) beds in one location.

Treatment associated with the sexual offense or problematic sexual behavior of the offender will be provided by The Connection, Inc. The provider awarded the right to negotiate a contract for services through this RFP will be expected to maintain a contractual relationship with The Connection, Inc. for appropriate treatment services. Such contractual relationship, including funds associated with the services to be provided must be clearly explained in the proposal. CTDOC and CSSD prefer that such treatment be provided on-site.

The provider will be expected to provide case management, cognitive behavioral groups and behavioral health groups not related to the sexual offense of the client.

III. Proposal Content Requirements and Format

Proposals must be submitted in the format and, where provided, on the forms included in this RFP. All requirements of this RFP must be met. All pages must be numbered. You may not combine proposed programs. Each proposed program must be addressed separately.

A. Applicant Information:

Please use the forms included in this package. All categories must be addressed. If a category does not apply to your agency or proposal, indicate so with N/A.

B. Proposed Program:

Proposals should address each of the following areas. Indicate if your proposed will deliver a service directly (D), indirectly by referral (R) or will not provide the service (N/A).

1. Room and Board
2. Accountability-24/7 on-site supervision

Proposals must demonstrate measures taken to assure the proper supervision of residents at all times. This includes time periods when the offender is off-site. (job search, medical appointments, etc.) Proposals should clearly define methods of assuring 24/7 accountability of offenders.

3. Substance Abuse programming
4. Relapse Prevention programming

5. Employment Readiness training
6. Urine testing
7. Case Management Services: Including but not limited to:
 - Orientation
 - Individual Assessment
 - Development of Individual Treatment Plans
 - Counseling
 - Crisis Intervention and Referral Services
8. Program Referrals, including but not limited to:
 - Substance Abuse Services
 - Mental Health Services
 - Family Reunification Services
 - Educational Advancement
 - Employment Counseling
9. Pre-Release/Discharge Planning

Proposals should address the institution of a mandatory savings account for each resident of the program and how such account will be administered to ensure that the offender has acquired adequate savings upon discharge from the program.

Pre-Release and Discharge planning may include subsidies in the form of vouchers for housing. Preference will be given to those proposals demonstrating a program designed to find housing for offenders upon release from the residential program. Costs for operation of this program must be detailed in the budget section of this RFP.

10. Aftercare

C. Community Advisory Board:

Applicants should demonstrate linkages to the community through the establishment of entities such as a Community Advisory Board. Such board, or other entity, should be comprised of local community officials, such as police officials, community leaders, housing officials, neighborhood representatives, etc. This Advisory Board need not have official capacity in the oversight of the program, but should be utilized to further enhance relationships between CTDOC, CSSD, the Provider and the Community.

The Community Advisory Board should also provide periodic informational sessions designed to educate the community regarding residential placement of sex offenders, and may be required to work collaboratively with other CTDOC and/or CSSD contracted providers to increase public awareness and provide public education regarding reintegration of offenders convicted of sexual offenses.

D. Staffing:

The proposal must describe the staff 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 are multi-lingual and multi-cultural. Job descriptions, hours per week and hourly rates must be provided for all staff categories assigned to this project. Proposed program(s) should have a multidisciplinary staff group that is sensitive to cross-cultural treatment. Proposals must demonstrate a minimum of two (2) staff on site at all times.

E. Evidence-Based Programming:

The proposal must describe the extent to which it is evidence-based and how that determination was made. Please cite specific research, papers, journals, etc. Copies of the cited literature will be requested, if necessary. Do not include them with the proposal.

F. Proposed Impact on Recidivism:

The proposal must describe the anticipated impact on recidivism. Please describe the rationale for this anticipation, citing specific research, papers, journals, etc. Copies of the cited literature will be requested, if necessary. Do not include them with the proposal.

G. Assurances:

The proposal must include a statement of adherence to Assurances described in Section IX of this RFP.

H. Eligibility and Exclusions:

The proposal must clearly define all eligibility criteria and must identify any categories of offenders that would be excluded from the proposed program. All exclusions must be fully explained, including rationale for exclusion.

I. Budget:

Proposal must contain an itemized budget on the budget form included in this RFP.

A budget narrative must be provided, explaining all costs contained in the budget. All start up costs must be **clearly identified** and explained in the budget narrative.

Competitiveness of the budget will be considered as part of the proposal review process. Please identify all other funding that will support this program, including provider agency financial support. Include the source, period and amount of any such funding. Indicate if funding is secure or anticipated. **Income from client rent may not be included in the budget, as residents of this program may not be charged rent.**

The State of Connecticut is exempt from 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. However, the proposed budget is subject to change during contract negotiations.

The budget must make note of any proposed or anticipated subcontracts. The selected Contractor must provide the CTDOC with a complete description of any subcontract anticipated in the provision of services described in their proposal.

IV. Proposal Requirements

- A. Proposal must be completed in the format described and meet all requirements of this RFP.
- B. Proposal must be signed by an authorized official of the applicant organization.
- C. An original and five (5) copies of the completed proposal must be received no later than 3:00 p.m., September 5, 2008, **FAX OR EMAIL SUBMISSIONS WILL NOT BE ACCEPTED.**
- D. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by CTDOC.
- E. Notification of outcome of proposal review will be mailed and emailed to all applicants.

V. Supervision

Supervision of any awarded contract will be provided by the CTDOC Director of Parole and Community Services. CSSD will have the right to oversee services provided to its clients. Contract compliance and administration will be provided through the Department of Correction Deputy Commissioner of Administration.

VI. 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; 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. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review.

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 substantially similar services. Priority will be given to applicants who have successfully provided those services most closely related to services sought through this RFP.
2. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.

3. The extent to which program staffing is described clearly and is sufficient in number and qualifications to handle the services to be provided.
4. The extent to which a thorough implementation plan is presented, with measurable objectives and specific, appropriate timelines.
5. The extent to which the applicant demonstrates linkages to the community through the establishment of a Community Advisory Board or similar entity.
6. The extent to which a cost-effective budget is presented.
7. The extent to which the proposal meets the needs of CTDOC and CSSD in regards to type, location, availability and cost of beds.

C. Review Process:

Proposals meeting the minimum requirements will be reviewed by a panel of appropriate staff and/or outside experts. Recommendations concerning the selection of a proposal for funding will be made by this panel. The final selection is at the discretion of the CTDOC Commissioner, in collaboration with the Executive Director of CSSD.

Notification of the outcome of proposals will be mailed to applicants. No financial obligation by the State will be incurred prior to the full execution of a contract.

VII. Compliance with Applicable Statutes and Regulations

The applicant is required to be in compliance with all applicable Federal and State statutes and regulations. These include, but are not limited to, all Affirmative Action and Non-discrimination rules and regulations. The CTDOC will provide all necessary forms for the documentation of compliance with any contractual agreements with the CTDOC.

Moreover, in accordance with Section 4a-60(a) of the Connecticut General Statutes, 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, national origin, ancestry, sex, sexual orientation, mental retardation, mental or physical disability, 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 and the State of Connecticut.

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.

VIII. Affirmative Action Notice

The State of Connecticut strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. CTDOC and CSSD urge its bidders, suppliers, contractors and awardees to implement affirmative action plans and programs of their own, and hereby notifies all bidders, suppliers, contractors and awardees that the Agencies 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.

IX. Assurances

All applicants must agree to adhere to the following conditions and **must positively state such in the proposal:**

A. Conformance with Statutes

Applicant assures compliance with all applicable federal and/or state laws or regulations. This assurance extends to compliance with all ethics and reporting requirements demanded by both state and federal governments.

B. Ownership of Proposals

All proposals in response to this RFP will 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

Applicant acknowledges that any contract with the CTDOC will require appropriate information, as determined by the CTDOC and CSSD, with all billing.

Contractor will permit access by staff/agents properly authorized by the CTDOC and CSSD to the contractor's premises, staff and participants and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, will accrue to the CTDOC and CSSD without recourse. Contractors will maintain written records to substantiate costs incurred under any 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. Communications, written or oral, concerning this RFP with any CTDOC or CSSD employee other than the designated contact may terminate an applicant's eligibility to submit a response.

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/or the State.

H. Rejection for Default or Misrepresentation

The State reserves the right to reject the proposal of any applicant 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 CTDOC and CSSD.

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, a single point of responsibility and accountability is required.

O. Gift Affidavit

Connecticut General Statute § 4-252 (the "Statute") requires that the Invitation to Bid, of which these Terms and Conditions are a part, include a notice of the vendor certification requirements described in the Statute. Accordingly, pursuant to the Statute, vendors are notified as follows:

(a) The terms “gift,” “quasi-public agency,” “state agency,” “large state contract,” “principals and key personnel” and “participated substantially” as used in this section shall have the meanings set forth in the Statute.

(b) No state agency or quasi-public agency shall execute a large state contract unless the state agency or quasi-public agency obtains the written certifications described in this section. Each such certification shall be sworn as true to the best knowledge and belief of the person signing the certification, subject to the penalties of false statement.

(c) The official of the person, firm or corporation awarded the contract, who is authorized to execute the contract, shall certify on such forms as the State shall provide:

(1) That no gifts were made between the date that the state agency or quasi-public agency began planning the project, services, procurement, lease or licensing arrangement covered by the contract and the date of execution of the contract, by (A) such person, firm, corporation, (B) any principals and key personnel of the person, firm or corporation, who participated substantially in preparing the bid or proposal or the negotiation of the contract, or (C) any agent of such person, firm, corporation or principals and key personnel, who participated substantially in preparing the bid or proposal or the negotiation of the contract, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for the contract, who participated substantially in the preparation of the bid solicitation or request for proposals for the contract or the negotiation or award of the contract, or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency;

(2) That no such principals and key personnel of the person, firm or corporation, or agent of such person, firm or corporation or principals and key personnel, knows of any action by the person, firm or corporation to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the person, firm or corporation to provide a gift to any such public official or state employee; and

(3) That the person, firm or corporation made the bid or proposal without fraud or collusion with any person.

(d) Any bidder/proposer that does not make the certifications required under subsection (c) of this section shall be disqualified and the state agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

(e) CTDOC and CSSD began planning these services in April of 2008.

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.



**REQUEST FOR PROPOSAL
RFP # DOC-SO-09-RB
Sex Offender Residential Programs
August 2008**

DEPARTMENT OF CORRECTION

A. Applicant Information

Applicant Agency: _____ FEIN: _____

_____ Address _____

_____ City/Town State Zip Code _____

Contact Person: _____ Title: _____

Telephone No: _____ FAX No: _____ E-Mail: _____

TOTAL FY09 PROGRAM COST: _____ (not including startup)
TOTAL FY09 COST TO CTDOC: _____ (not including startup)

TOTAL ANNUAL PROGRAM COST: _____ TOTAL ANNUAL COST TO CTDOC: _____

START-UP COSTS REQUESTED: _____

PROPOSED **PROGRAM** ADDRESS:

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	<input type="checkbox"/>	No	<input type="checkbox"/>
Women Business Enterprise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Small Business Enterprise?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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

Please be clear, thorough and brief in your narrative. Superfluous information should not be included.

B. Program Proposal and Description

1. Provide a full description of the program being proposed
 - a. number of Residential beds being proposed
 - b. when proposed program will be operational
 - c. location of proposed program
 - Does your agency currently control the site of proposed program - if no, provide details of how and when site will be available to you.
 - Has appropriate zoning been secured for the site- if yes, provide proof of approved zoning, if no, provide details of how and when zoning approval is anticipated
 - d. full description of proposed program – how will the proposed program provide the services identified in Section III of this RFP?
2. Describe your experience providing the kinds of services being proposed. If you do not currently or have not in the past 3 years provided residential services to the CTDOC and/or CSSD, at least two references who may be contacted to support the description of your experience in providing these services **must** be provided. Include: Agency/Company name, Address, Contact Person, Telephone Number.

C. Staffing

Provide a narrative overview of staff who will be assigned to the proposed program. Include licensure/certification requirements and any other federal, state or agency requirements. Descriptions may be done by category, i.e., Counselor, Teacher, Program Manager, indicating the number of Full Time Equivalents (FTE's) for each category.

D. Evidence-Based Programming

E. Impact on Recidivism

F. Assurances

G. Eligibility and Exclusions

H. Budget: Use the form or format as follows.

A budget narrative must be provided, explaining the costs included in the budget. The budget narrative must clearly define all startup costs. Startup costs are one-time costs incurred for the startup of the program and may not be annualized into future budgets.

ALL BUDGETS MUST BE COMPLIANT WITH THE STATE OF CONNECTICUT COSTS STANDARDS ESTABLISHED BY THE OFFICE OF POLICY AND MANAGEMENT. THOSE STANDARDS ARE AVAILABLE ON THE OPM WEB SITE.

DEPARTMENT OF CORRECTION RFP # DOC-SO-09-RB PROPOSED BUDGET

PROVIDER NAME _____

PROPOSED PROGRAM _____

RESIDENTIAL LINE ITEMS

I. SALARIES & WAGES						
		Number	Average		Annual Line	FY 2009
	DIRECT CLIENT SVC. STAFF	FTE's	Annual Salary		Total	Total
A.	Program Director					
B.	Counselors					
C.	Staff Supervisor					
D.	Education/Other Program Specialist					
E.	Client Supervisor/Monitor					
F.	Client Supv/Monitor-2nd,3rd weekend					
G.	House Manager					
H.	Substance Abuse Counselor					
I.	Other : _____					
	SUBTOTAL DIRECT SVC. SALARIES					
DIRECT SVC. SUPPORT STAFF						
J.	Cook					
K.	Driver					
L.	Security					
M.	Maintenance/Custodian					
N.	Laundry					
O.	Other _____					
	SUBTOTAL DIR SVC. SUPP. SALARIES					
	TOTAL DIR SVC SALARIES					
II. NONSALARY					Annual Line	FY 2009
					Total	Total
A.	Temporary Help (not employees)					
B.	Contract Services					
C.	Telephone					
D.	Office Supplies & Postage					
E.	Staff Training & Inservice					
F.	Advertising					
	1. Recruitment - Staff					
	2. Program Advertising					
G.	Vehicle expense (gas, oil, repairs)					
H.	Mileage Reimbursement					
I.	Dues/ Mbrshp Fees/ License Subscriptions					
J.	Offender Medical Supplies					
K.	Offender Lab Fees					
	1. Urines					
	2. Blood					
L.	Offender Pharmaceuticals					
M.	Offender Training & Educ Supplies					
N.	Offender Recreational Svcs.&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.	Housekeeping and Laundry					
T.	Maintenance Supplies/Expenses					
U.	Utilities (heat, water, light)					
V.	Depreciation					
W.	Minor Equipment (\$250 - \$600)					
	SUBTOTAL NONSALARY					
III.	TOTAL DIR. SVC. COST					
IV.	ALLOCATED EMPLOYEE BENEFITS					
V.	ALLOCATED ADMIN. EXPENSE					
VI.	MAJOR EQUIPMENT					
VII.	TOTAL EXPENSES					
VIII. REVENUE						
A.	OPERATING REVENUE					
1.	Other State Agency Income					
2.	General Public Assistance					
3.	Title 19					
4.	Other _____					
5.	Other _____					
	SUBTOTAL OPERATING REVENUES					
B.	GRANT REVENUE					
1.	United Way					
2.	Town					
3.	Other _____					
4.	Other _____					
	SUBTOTAL GRANT REVENUES					
C.	OTHER REVENUE					
1.	Fund Raising					
2.	Contributions					
	a. Restricted					
	b. Unrestricted					
3.	Investment Income					
4.	Interest Income					
5.	Gain on Sale of Assets					
6.	Other _____					
	SUBTOTAL OTHER REVENUES					
D.	TOTAL ALL REVENUES NOT DOC					
E.	TOTAL REQUESTED DOC FUNDING					
IX.	TOTAL ALL REVENUES					

TECHNICAL REVIEW CRITERIA WORKSHEET

Applicant

<u>Criteria:</u>	<u>Point Value</u>
1. The extent to which applicant has demonstrated successful experience providing similar services.	()
2. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.	()
3. The extent to which program staffing is described clearly and is sufficient in number qualifications to handle the services to be provided.	()
4. The extent to which a thorough implementation plan is presented, with measurable objectives and specific, appropriate timelines.	()
5. The extent to which the applicant demonstrates linkages to the community through the establishment of a Community Advisory Board or similar entity.	()
6. The extent to which a cost-effective budget is presented.	()
7. The extent to which the proposal meets the needs of CTDOC and CSSD in regards to type, location, availability and cost of beds.	()
Total	()

Rating Scale

- 10 Meets criteria to the highest possible degree - could not be better qualified.
- 8 Meets criteria very easily - would have no difficulty with the assignment.
- 6 Meets criteria adequately - would have little or no difficulty with the assignment.
- 4 Meets criteria barely - would have some difficulty with the project.
- 2 Somewhat unacceptable - would have great difficulty with the project.
- 0 Thoroughly unacceptable - would not be able to meet the project assignment.

Date

Reviewer's Signature

NOTE: All reviewers must complete this form for each proposal reviewed. Each sheet must be signed and turned into the Chair at the end of the process. These forms become a permanent part of the CTDOC records and are subject to the requirements of FOIA.



**STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

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

INSTRUCTIONS:

Complete all sections of the form. Attach additional 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:***

<u>Date of Gift</u>	<u>Name of Gift Giver</u>	<u>Name of Recipient</u>	<u>Value</u>	<u>Gift Description</u>
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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 _____, 200__.

**Commissioner of the Superior Court
or Notary Public**