

**State of Connecticut
Department of Correction**

WORK RELEASE RESIDENTIAL SERVICES

Request for Proposal - RFP # *DOC-RES-082-RB*

The Connecticut Department of Correction (CTDOC) is pleased to announce the availability of funds to expand Work Release Residential Services Programs for offenders, in the Greater Hartford, New Haven, Bridgeport and New London Service Delivery Areas. The Connecticut General Assembly has authorized additional funding support for up to 73 **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 –

- March 16, 2008 – Release of Request for Proposal (RFP)**
- March 24, 2008 – Mandatory Letter of Intent To Bid due - 3:00 P.M.**
- March 26, 2008 – Mandatory Bidders' Conference (tentative schedule)**
- March 28, 2008 – All questions due, 3:00 P.M.**
- March 31, 2008 – All answers released by CTDOC**
- April 14, 2008 – All Proposals due – 3:00 P.M.**

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** no later than March 24, 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.

An original and five copies of the completed proposals must be received at 24 Wolcott Hill Road via U.S. Mail, Delivery Service or Hand Delivery, no later than April 14, 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.**

CTDOC Sole Contact Person:

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

Further Information: To assure an equitable process, all questions regarding this RFP must be submitted in writing by March 28, 2008, 3:00 PM, to the CTDOC, at the address, fax number, or email listed above. All questions received by CTDOC 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. 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.

SEEKING INFORMATION FROM ANY OTHER STAFF MEMBER WILL REMOVE YOUR AGENCY FROM ELIGIBILITY TO BID.

I. Department Needs

The Connecticut Department of Correction (CTDOC) is seeking Work Release Residential Service Programs for offenders released into the community prior to the termination of their sentences. CTDOC has defined Work Release Programs as those programs designed to enable offenders to obtain gainful employment while providing on site or referral programming and baseline case management services.

CTDOC has established the following capacity targets:

For services beginning July 1, 2008:

- ◆ Approximately 15 female work release beds
Greater New Haven area

- ◆ Approximately 30 male work release beds
Greater Hartford, New Haven, Bridgeport or New London areas

For services beginning November 15, 2008:

- ◆ Approximately 10 female work release beds
Greater New Haven or New London areas

- ◆ Approximately 18 male work release beds
Greater Hartford, New Haven, Bridgeport or New London areas

Proposals will be accepted for expansions to programs already in existence. If an expansion to an existing program is being proposed, a separate form must be completed. The form is included on page 10 of this RFP.

Proposals must be submitted for programs provided in a congregate setting. CTDOC will not accept proposals for scattered-site housing.

For the purposes of this RFP, congregate housing shall mean 5 or more beds housed in the same facility. **Cost effective** programs housing between 5 and 10 clients are preferred.

II. Background

The Department of Correction has 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.

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 form 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 (I) or will not provide the service (NP)

1. Room and Board
2. Accountability-24 hour, 7 day per week supervision
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
10. Aftercare

Proposed program(s) should have a multidisciplinary staff group that is sensitive to cross-cultural treatment.

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 CTDOC programs, but should be utilized to further enhance relationships between CTDOC, the Provider and the Community.

C. 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.

D. 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.

E. 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.

F. Assurances:

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

G. 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.

H. 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 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.

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. All information required of the contractor must be applied to the subcontractor as well.

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., April 14, 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 to all applicants.

V. Supervision

Supervision of any awarded program will be provided by the Director of Parole and Community Services. 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 the CTDOC in regards to type, location, availability and cost of beds.

C. Review Process:

Proposals which meet 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 Commissioner.

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. The CTDOC urges 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 Department 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 proposers 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, with all billing.

Contractor will permit access by staff/agents properly authorized by the CTDOC 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 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 employee other than the designated contact may terminate an applicants 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 the CTDOC.

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, the CTDOC requires a single point of responsibility and accountability.

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) The Department of Correction began planning these services in March 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-RES-082-RB
Work Release Residential Programs
March 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: _____

<p align="center">PROPOSED PROGRAM ADDRESS:</p> <p>_____</p> <p>_____</p>

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. gender of program (adult males, adult females)
 - c. when proposed program will be operational
 - d. 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 no, provide details of how and when zoning approval is anticipated
 - e. 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, please provide at least two references who may be contacted to support the description of your experience in providing these services. 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 Equivalent (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.

EXPANSION OF CURRENT PROGRAM

Agency Name:

Agency Address:

Agency Contact:

Phone:

Fax:

E-Mail:

CURRENT PROGRAM INFORMATION

Program Name:

Location:

Program Type:

Male/Female/Co-Ed:

Program Length:

Total Current Beds:

Current Number of CTDOC/Parole Beds:

Purchaser(s) of Current Non-CTDOC/Parole Beds

Current Annual CTDOC Cost Per Bed:

Current Annual Other Cost Per Bed:

PROPOSED EXPANSION INFORMATION

Type of Proposed Expansion Beds:

Number of Proposed Expansion Beds:

Annual Per Bed Cost of Proposed Expansion Beds:

Will this result in a decrease in overall annual per bed cost to CTDOC?

Location of Proposed Expansion Beds:

Are these beds currently purchased by another State agency?

If so, please explain (by whom, number, cost)

When will these beds be available to CTDOC?

When could they be filled?

Are there start-up costs associated with these expansion beds that are not part of the annual per bed cost?

Please detail (attach sheet, if necessary)

DEPARTMENT OF CORRECTION RFP # DOC-RES-082-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,Lic.,Subscriptions				
J.	Offender Med Cabinet 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				

VII REVENUE

I.					
A. OPERATING REVENUE					
1.	Room & Board from Offenders				
2.	Food Stamps (DIM) from Offenders				
3.	Counseling Fees from Offenders				
4.	DMHAS				
5.	Office of Adult Probation				
6.	Judicial				
7.	General Public Assistance from Towns				
8.	DCF (formerly DCYS)				
9.	Title 19 (Medicaid fee-for-service)				
10.	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 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**