

**PROCUREMENT NOTICE**

Department of Public Health  
Public Health Initiatives Branch  
AIDS & Chronic Diseases Section

**LEGAL NOTICE**  
**Request For Proposal (RFP)**  
**RFP #2012-0905 HIV Prevention Services**

The Connecticut Department of Public Health (DPH), AIDS and Chronic Diseases Section is seeking proposals from Connecticut public and private organizations and community-based agencies to implement HIV Prevention Programs that include outreach and HIV testing to populations disproportionately impacted by HIV [i.e., men who have sex with men (MSM), injection drug users, black and Hispanic heterosexuals] and HIV-infected persons.

A total of up to \$4,818,336 annually of federal Centers for Disease Control and Prevention (CDC) and state HIV Prevention funds are available to support this project. Agencies may propose up to \$400,000 per year. Funding will be for a three-year period beginning approximately January 1, 2012 through December 31, 2014, subject to the availability of funds and satisfactory program performance.

The Request For Proposals (RFP) is available in electronic format on the State Contracting Portal at: [http://biznet.ct.gov/SCP\\_Search/Default.aspx?Acclast=1](http://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=1), or from the Department's Official Contact:

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Department of Public Health, AIDS & Chronic Diseases Section  
410 Capitol Avenue, MS#11APV, P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7821 Fax: (860) 509-7853  
E-Mail: [susan.major@ct.gov](mailto:susan.major@ct.gov)

The RFP is also available on the Department's website at <http://www.ct.gov/dph> (Request for Proposals). A printed copy of the RFP can be obtained from the Official Contact upon request.

**Deadline for submission of proposals to the DPH is April 15, 2011**

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## I. GENERAL INFORMATION

*This section of the RFP provides general information about the Department's procurement and, most importantly, gives instructions to proposers and prospective proposers about how to comply with the RFP process and how to submit an acceptable proposal for review. Failure to comply with the RFP process or instructions may deem a proposal non-responsive and subject to rejection without further consideration.*

### ■ A. INTRODUCTION

1. **RFP #2012-0905:** HIV Prevention Services
2. **Summary:** The Connecticut Department of Public Health (DPH), AIDS and Chronic Diseases Section is seeking proposals from Connecticut public and private organizations and community-based agencies to implement HIV Prevention Programs that include outreach and HIV testing to populations disproportionately impacted by HIV [i.e., men who have sex with men (MSM), injection drug users, black and Hispanic heterosexuals] and HIV-infected persons.
3. **Synopsis.** Applicants must submit a **separate and complete original proposal, five copies and an electronic copy** for each proposal. A separate budget, narrative, work-plan, staffing profile, and HIV/AIDS Prevention Intervention form must be developed and submitted for each HIV prevention service component proposed (to a maximum of four):
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
  - 1000: Healthcare Services
  - 2000: Community and Social Services
 Note: Please see **Section III. Program Information** for a complete description of service components and respective service category definitions.

### ■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ACDS	AIDS & Chronic Diseases Section
CDC	Centers for Disease Control and Prevention
C.G.S.	Connecticut General Statutes
CHPC	Connecticut HIV Planning Consortium
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DEBI	Diffusion of Effective Behavioral Interventions
DPH	Department of Public Health
DTA	Drug Treatment Advocacy
EBI	Effective Behavioral Interventions
FPL	Federal Poverty Level
FOIA	Freedom of Information Act (CT)
HRSA	Health Resources and Services Administration
IDU	Injection Drug User
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
MSM	Men Who Have Sex with Men
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)

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OSC	Office of the State Comptroller (CT)
P.A.	Public Act (CT)
PEMS	Program Evaluation and Monitoring System
PHS	Public Health Services (US)
PLWHA	People Living with HIV/AIDS
POS	Purchase of Service
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *proposer*: a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP
- *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
- *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

## ■ 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) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Susan Major  
Address: Department of Public Health, AIDS & Chronic Diseases Section  
410 Capitol Avenue, MS #11APV, P.O. Box 340308  
Hartford, CT 06134-0308  
Phone: (860) 509-7821 Fax: (860) 509-7853  
E-Mail: susan.major@ct.gov

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 of Public Health's Web Page (Click on Request for Proposals on Main Page)  
<http://www.ct.gov/dph>
- State Department of Administrative Services (DAS) Contracting Portal  
[http://biznet.ct.gov/SCP\\_Search/Default.aspx?AccLast=1](http://biznet.ct.gov/SCP_Search/Default.aspx?AccLast=1)

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State DAS 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 Federal and State funding to the Department of Public Health, AIDS & Chronic Diseases Section. The Department anticipates the following:

- Total Funding Available: \$4,818,336 per year (\$14,455,008 total for three years)
- Number of Awards: 15-25
- Contract Cost: Confidential, to be negotiated with successful proposers
- Contract Term: January 1, 2012 – December 31, 2014

**4. Eligibility.** Connecticut private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and CT municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

**5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications or experience:

- Knowledge of the community/area(s) to be served including any emerging trends, populations or HIV service needs/gaps.
- Demonstrated knowledge of HIV, co-morbidities, sexually transmitted diseases, and provision of services to underserved, under-or-uninsured.
- Technology and infrastructure to support Program Evaluation and Monitoring System (PEMS), which is a CDC data collection system or other DPH designated data collection and reporting tool.
- Documented ability to execute the proposed plan of service delivery, including accounting and financial reporting systems and sound fiscal stability.
- Sufficient experienced staff, or the ability to hire qualified personnel, to execute the proposed plan of service delivery.

**6. Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (\*). 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 DAC Contracting Portal and, if available, the Department of Public Health's Web Page.

- **RFP Planning Start Date:** Thursday June 10, 2010
- **RFP Released:** February 24, 2011
- **Letter of Intent (LOI) Due:** March 17, 2011
  - **Recommended but not required**
- **Deadline for Questions:** March 17, 2011 by 4 p.m.
- **Answers Released:** March 24, 2011
  
- **Proposals Due:** April 15, 2011 by 4:00 p.m.

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- (\*) **Proposer Selection:** Late June 2011
  - (\*) **Start of Contract Negotiations:** July 2011
  - (\*) **Start of Contract:** January 1, 2012

7. **Letter of Intent.** A Letter of Intent (LOI) is recommended, but not 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 by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, 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.

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 Questions submitted via e-mail must indicate in the e-mail subject line: RFP -2012-0905. 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(s) 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. 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 agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State DAS Contracting Portal and, if available, on the DPH Web Page. At its discretion, the DPH may distribute any amendments to this RFP to prospective proposers who also submitted a Letter of Intent or attended the RFP Conference.

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:** April 15, 2011
- **Time:** 4:00 p.m.

Faxed or e-mailed proposals will not be evaluated. Proposals hand-delivered by the proposer will also not be accepted. When delivering proposals by courier (e.g. Federal Express), 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 DPH as a clerical function, but late proposals will not be evaluated. At the discretion of the DPH, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- **One (1) original UNBOUND** proposal or proposals (**marked as Original**) for each intervention or HIV prevention service component proposed (e.g. Effective Behavioral Interventions (EBI), Individual Level Risk Reduction Counseling, or Drug Treatment Advocacy (DTA)).
- **Five (5) conforming UNBOUND copies (marked as Copy)** of the original proposal or proposals of respective service component (s) and,
- **One (1) conforming electronic copy** of the original proposal or proposals of respective service component(s).

**The original proposal or proposals must carry original signatures and be clearly marked on the cover as “Original.” Unsigned proposals will not be evaluated.** The original proposal(s) and each conforming copy of the proposal (s) must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal(s) must be compatible with Microsoft Office Word 2003 and Microsoft Office Excel 2003. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

- 11. Multiple Proposals.** Applicants may submit multiple proposals. Applicants may submit one (1) to four (4) proposals for the HIV prevention services identified in this RFP. A separate proposal must be submitted for each HIV prevention service proposed. A separate budget, narrative, workplan, staffing profile and HIV/AIDS Prevention Intervention form(s) must be submitted for each proposal.

Applicants may only submit more than four (4) proposals if services are proposed in different areas in the state.

Each proposal must adhere to **Section I D. Proposal Format** requirements, and include the following required DPH and OPM forms (See **Section IV. I. Forms**):

- **Executive summary (1 page limit for each HIV prevention service)**
- **Cover Sheet Set (Contractor information)**
- **Separate budget summary and budget justification forms**
- **Subcontractor schedules (if applicable)**
- **Work plan form**
- **Staffing profile document**
- **Job descriptions (existing and new, if applicable)**
- **Resumes of key personnel and staff**
- **Notification to Bidders document**
- **Workforce analysis**
- **OPM Ethics Form 5: Consulting Agreement Affidavit**

- 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 IV. C of the proposal outline, 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

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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 (Section IV. Proposal Outline, D.). 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 – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** **The Cover Sheet is Page 1-2 of the proposal.** The proposer must complete the Cover Sheet Set included in Section IV. I. Forms and attach to the proposal. **A separate Cover Sheet Set must be completed for each service component being proposed. Proposer must also indicate the service component being proposed on page 1 of the Cover Sheet** (See Section I. C. 11. Multiple Proposals). Following are definitions of terms included on the Cover Sheet:

*Legal Name* is defined as the name of private provider organization, CT State agency, or municipality submitting the proposal. *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

- 3. Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. **(See Section IV. Proposal Outline)**
- 4. Executive Summary.** **Each service component proposal (up to a maximum of four) must include a summary, not to exceed one (1) page.** This summary is not included in the respective service component narrative page limit(s). The Executive Summary must include a brief description of the proposed service delivery including needs to be addressed, proposed services, the populations to be served, and the proposed cost.

**Executive summary style requirements:**

- **Font Size : No smaller than 10 point type**
- **Font Type: Easily readable (e.g. Arial or Verdana)**

- Margins: 0.5" on top, bottom, left and right,
  - Line spacing: 1.5 line spacing
- 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.** Each submitted proposal must conform to the following specifications (See Executive Summary style requirements in #4 above):
- Binding Type: Unbound, but fastened with binder clips
  - Dividers: None specified
  - Paper Size: 8.5" x 11"
  - Page Limit: Maximum 10 page narrative limit per proposal, not including Executive Summary and Required Forms and Attachments
  - Print Style: Single-sided
  - **Font Size: No smaller than 10 point type**
  - Font Type: Easily readable (e.g. Arial or Verdana)
  - Margins: No less than 0.5" top, bottom, left and right margins
  - Line Spacing: 1.5 line spacing
- 7. Pagination.** The proposer's name (e.g. Agency or organization name) must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be clearly and consecutively numbered at the bottom center of each page.
- 8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received 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 DPH as a clerical function, but it will not be evaluated. At the discretion of the DPH, such a proposal may be destroyed or retained for pick up by the submitters.

## ■ E. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the DPH to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the DPH will conform to 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 DPH 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

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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 and in compliance with requirements specified in the RFP. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The DPH will reject any proposal that deviates significantly from the requirements of this RFP. In addition, applicants with long-standing significant unresolved issues on current or prior year contracts with the DPH may be removed from consideration for additional funding.
- 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. The criteria are weighted according to their relative importance. **The weights are disclosed below (Total of 100):**

- **Organizational Profile (10)**
- **Scope of Services (20)**
- **Staffing Plan (10) *see note***
- **Data and Technology (10)**
- **Subcontractors (0): *not applicable (included in Budget)***
- **Work Plan (20)**
- **Financial Profile (10)**
- **Budget and Budget Narrative (10)**
- **Appendices and Attachments (10)**

**Note:**

As part of its evaluation of the Staffing Plan, 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 DAS 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 indicated in this RFP and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope 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 of Public Health, AIDS & Chronic Diseases Section to discuss the evaluation process and their proposal(s). 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. 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 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.

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## II. MANDATORY PROVISIONS: SECTION CANNOT BE CHANGED

*This section of the RFP provides information about the State's mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.*

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### ■ 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 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 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 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 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.
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 any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal 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.

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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, to reject any and all 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 and 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).** The Freedom of Information Act (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

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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 (OPM 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: A proposer must complete and submit OPM Ethics Form 5 to the Department with each proposal. (See Section IV. I. (Forms). 2. Other)**
- 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)  
**IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution (See Section V. Attachments).**
- 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 (See Section V. Attachments).**

### III. PROGRAM INFORMATION

*In this section, the Department provides proposers with background information about the Department and program. More specific information is provided about the service components and services that the Department seeks to procure. This information is designed to promote a better understanding of the needs of the Department and its clients and, thus, assist proposers in preparing better proposals in response to this RFP.*

#### ■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and, is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The DPH is a leader on the national scene through direct input to federal agencies and the United States Congress.

The mission of the Connecticut Department of Public Health is:

To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

Connecticut's Department of Public Health AIDS and Chronic Diseases Section (ACDS) is the lead agency in the state for coordination of HIV care and prevention services addressing the HIV/AIDS epidemic. The ACDS organizes its HIV/AIDS programs into three units: (a) The Health Care and Support Services Unit (HCSS), which oversees Ryan White Part B care programs and services for PLWHA; (b) The HIV Prevention Unit, which oversees prevention services and targeted effective behavioral interventions for people infected or at risk of HIV infection, and, (c) The HIV/AIDS Surveillance Unit, which oversees the data that is collected on HIV and AIDS in Connecticut and is responsible for producing the state's Epidemiological Profile, as well as monitoring trends and emerging issues/populations.

The HIV Prevention Unit seeks to: 1) prevent HIV infection among individuals at risk for HIV; 2) increase knowledge of sero-status among those who are HIV infected but unaware of their infection; and 3) through HIV prevention interventions, support collaboration and coordination of services for individuals living with, or at risk for, HIV. To do this, the HIV Prevention Unit contracts with public, private, and community based organizations to provide services to people at high risk of acquiring or transmitting HIV and respond to an ever changing epidemic.

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## **PROGRAM OVERVIEW**

This RFP reflects the DPH AIDS & Chronic Diseases Section intention to align Connecticut's HIV prevention funding with CDC's Advancing HIV Prevention (AHP) initiative, the National HIV/AIDS Strategy for the United States, and the Connecticut HIV Planning Consortia (CHPC) rankings and recommendations for HIV priority populations and interventions for Connecticut. The priority populations are determined based on the most recent HIV/AIDS prevalence and incidence data in Connecticut.

Advancing HIV Prevention (AHP): New Strategies for a Changing Epidemic is aimed at reducing barriers to early diagnosis of HIV and increasing access to medical care, treatment and ongoing prevention services for those diagnosed with HIV infection as well as those at high risk of acquiring HIV. The AHP initiative emphasizes the use of proven public health approaches to reduce the incidence and spread of disease and capitalizes on new rapid test technologies, interventions that bring persons unaware of their status to HIV testing, and behavioral interventions that provide prevention skills to persons living with HIV and those at high risk of acquiring HIV.

The National HIV/AIDS Strategy for the United States, recently released by the White House, highlights the need for a more coordinated response to the HIV epidemic. Among the strategies in the plan is to intensify HIV prevention efforts in the communities where HIV is most heavily concentrated; and expand targeted efforts to prevent HIV infection using a combination of effective, evidence-based approaches. The Strategy further explains that, by intensifying efforts in communities where HIV is concentrated, we can have the biggest impact that will lower all communities' collective risk of acquiring HIV infection.

The Connecticut HIV Planning Consortium (CHPC) is the state's integrated care and prevention planning body. The CHPC fulfills HRSA and CDC requirements regarding development of a comprehensive plan, prioritization of populations, statewide planning processes and collaborations. Based on Connecticut's most recent epidemiologic data, the CHPC identified and ranked the following populations as highest priority for HIV prevention services:

1. HIV+
2. White MSM
3. Black Heterosexual
4. Black IDU
5. Hispanic IDU
6. Black MSM
7. Hispanic MSM
8. Hispanic Heterosexual

Each applicant

can submit up to four proposals for separate services targeting the priority populations above, although anyone in the community can access the services. Each service must include HIV testing and outreach. Applicants proposing to target injection drug users can incorporate syringe exchange into the proposal.

## **FUNDING ALLOCATION**

The following dollar amounts roughly reflect how funding available in this RFP will be allocated statewide to the populations identified by the CHPC:

<b>Population</b>	<b>MSM</b>	<b>\$1,686,675</b>
Subpopulation	1. White MSM 2. Black MSM 3. Hispanic MSM	

<b>Population</b>	<b>IDU</b>	<b>\$1,265,316</b>
Subpopulation	1. Black IDU 2. Hispanic IDU	

<b>Population</b>	<b>Heterosexual</b>	<b>\$984,700</b>
Subpopulation	1. Black Heterosexual 2. Hispanic Heterosexual	

<b>Population</b>	<b>HIV+</b>	<b>\$881,645</b>
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<b>Total Amount Available</b>	<b>\$4,818,336</b>
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### SERVICE COMPONENTS AND SCOPE OF SERVICES

Applicants may apply to conduct the following HIV Prevention Service Components:

1. **Effective Behavioral Interventions** (no more than two proposed per applicant) see table below for eligible interventions
2. **Individual Level Risk Reduction Counseling Services**
  - All applicants for this service must include both HIV Prevention Counseling and Comprehensive Risk Counseling Services
3. **Drug Treatment Advocacy**

Applicants may apply for a maximum of four (4) HIV prevention services.

Applicants proposing to provide services in more than one area of the state can submit more than four proposals, but no more than four per area.

Applicants may apply to conduct up to two (2) Effective Behavioral Interventions, one Individual Level Risk Reduction Counseling Services, and one Drug Treatment Advocacy. **All applicants must incorporate outreach and HIV testing as a component of the HIV prevention services proposed.**

Applicants must choose one primary target population from page 18 of this RFP per intervention proposed. However, in some cases secondary populations may be served. For example, the Safety Counts intervention would have a primary target population of IDU. However, non-injection drug users may be served through the intervention as secondary populations. See table below for eligible primary target populations.

**Syringe Exchange: Applicants that are proposing services targeting injection drug users can incorporate syringe exchange as a component of the proposal.**

**Note:** a separate RFP will be issued for “stand alone” syringe exchange services in the 3 cities with the largest prevalence of HIV infection among injection drug users – (Hartford, New Haven, and Bridgeport)

Proposal composition examples:

**Acceptable:** Agency A proposes to conduct two (2) Effective Behavioral Interventions, Individual Level Risk Reduction Services, and Drug Treatment Advocacy (all will incorporate outreach and HIV testing).

**Acceptable:** Agency B proposes to conduct one (1) Effective Behavioral Intervention and Drug Treatment Advocacy (all will incorporate outreach and HIV testing).

**Acceptable:** Agency C proposes to conduct one (1) Effective Behavioral Intervention *and* offer syringe exchange (must incorporate outreach and HIV testing).

**Unacceptable:** Agency D proposes to conduct three (3) Effective Behavioral Interventions and Individual Level Risk Reduction Counseling (all will incorporate outreach and HIV testing). *This is unacceptable because the applicant is proposing to conduct three Effective Behavioral Interventions when the maximum allowed is two.*

**DESCRIPTION OF SERVICE COMPONENTS**

**Service Component #1: Effective Behavioral Interventions** (no more than two proposed per applicant)

Eligible “Effective Behavioral Interventions” and Corresponding Priority Populations

	HIV+	White MSM	Black Hetero	Black IDU	Hispanic IDU	Black MSM	Hispanic MSM	Hispanic Heterosexual
CLEAR	✓							
Connect			✓					✓
	HIV+	White MSM	Black Hetero	Black IDU	Hispanic IDU	Black MSM	Hispanic MSM	Hispanic Heterosexual

Cuidate (age 13-18)								✓
Explore		✓					✓	
Focus on Youth + Impact (age 12-15)			✓					
Healthy Relationships	✓							
Holistic Health Recovery Program				✓	✓			
Many Men Many Voices						✓		
Modelo de Intervencion Psicomedica					✓			
MPOWERment		✓				✓	✓	
Nia			✓					
Partnership for Health	✓							
Personalized Cognitive Counseling		✓				✓	✓	
Popular Opinion Leader		✓	✓			✓	✓	
Project START			✓					✓
PROMISE		✓	✓	✓	✓	✓	✓	✓
RAPP			✓					✓
RESPECT			✓					✓
Safe in the City		✓	✓			✓	✓	✓
Safety Counts				✓	✓			
SHIELD				✓	✓			
SIHLE (age 14-18)			✓					
SISTA			✓					
Sister to Sister			✓					
Street Smart (age 11-18)	✓	✓	✓	✓	✓	✓	✓	✓
Together Learning Choices (age 13-29)	✓							
Voices/Voces			✓					✓
Willow	✓							

Details of all interventions listed in table above except "Explore" are available at:  
<http://effectiveinterventions.org/en/home.aspx>

Details of "Explore" are available at:

[http://www.cdc.gov/hiv/topics/prev\\_prog/rep/resources/initiatives/compendium.htm](http://www.cdc.gov/hiv/topics/prev_prog/rep/resources/initiatives/compendium.htm)

## **Service Component #2: Individual Level Risk Reduction Counseling Services**

**Applicants proposing this service component must include both Comprehensive Risk Counseling Services and HIV Prevention Counseling in the proposal.** Both services should be available and clients should be assessed for the most appropriate of the two services. Although both CRCS and Prevention Counseling fit under one service component, a separate intervention plan form should be submitted for each.

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## Comprehensive Risk Counseling Services

Comprehensive Risk Counseling Services (CRCS, formerly PCM) is intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at **high risk** for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk. If you are applying for CRCS, the primary target population is HIV positive, however high risk HIV negative individuals may also be served.

For more information refer to CRCS guidance at:  
[http://www.cdc.gov/hiv/topics/prev\\_prog/CRCS/resources/CRCS\\_Manual/index.htm](http://www.cdc.gov/hiv/topics/prev_prog/CRCS/resources/CRCS_Manual/index.htm)

## HIV Prevention Counseling

HIV Prevention Counseling *may or may not be accompanied by HIV testing*. HIV Prevention Counseling is for individuals in the priority populations identified by the CHPC at **high risk** for acquiring or transmitting HIV and STDs but do not fit the criteria of having multiple, complex problems or who are not motivated to participate in the multiple sessions involved in the CRCS intervention.

For more information on HIV Prevention Counseling (with or without HIV testing), go to:  
[http://www.ct.gov/dph/lib/dph/aids\\_and\\_chronic/prevention/pdf/prevention\\_protocol.pdf](http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/prevention_protocol.pdf)

Recommended qualifications for staff providing CRCS and Prevention Counseling is masters level professionals with backgrounds in social work, psychology, counseling, other mental health fields, or public health. Bachelor's level candidates with experience in the field of Human Services are also acceptable. If an organization chooses to hire a Bachelor's level candidate they must ensure that this staff person is provided with clinical consultation from a licensed mental or behavioral health clinician on an on-going basis. If you applying for HIV Prevention Counseling, one primary target population must be identified, however other high risk individuals may also be served.

## **Service Component #3: Drug Treatment Advocacy**

Drug Treatment Advocacy (DTA) is designed to help individuals at **high risk** for acquiring or transmitting HIV due to drug use. Drug treatment advocacy helps individuals enter drug treatment facilities that will help them recover and reduce their risk of HIV infection and the risk to partners, and ultimately establish long-term recovery. The primary target population for DTA is IDU, however some non-injection drug users may be served.

For more information on DTA, go to:  
[http://www.ct.gov/dph/lib/dph/aids\\_and\\_chronic/prevention/pdf/drug\\_treatment\\_advocacy\\_guidelines.pdf](http://www.ct.gov/dph/lib/dph/aids_and_chronic/prevention/pdf/drug_treatment_advocacy_guidelines.pdf)

## **Syringe Exchange**

Syringe exchange services in Connecticut provide a one-for-one exchange of syringes for injection drug users to prevent HIV and hepatitis transmission and infection. Syringe exchange programs also provide clean injection equipment (alcohol wipes, cotton, cookers, bleach, and sterile rinse water) to clients to further prevent HIV and hepatitis transmission

and infection. Syringe exchange services create an opportunity to engage injection drug users in other HIV prevention programs such as HIV counseling and testing, and can facilitate access to drug treatment for clients that are ready to stop using drugs.

Applicants proposing HIV prevention services for injection drug users (IDUs) may incorporate syringe exchange services into those services. Syringe exchange services must align with Connecticut's current syringe exchange legislation found at: <http://www.cga.ct.gov/2005/pub/Chap368a.htm#Sec19a-124.htm>

Additionally, any applicant proposing syringe exchange services must attest to adherence to the following provision of federal law:

*"None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution."*

Applicants proposing syringe exchange services in this RFP must complete the attestation form related to this provision (see page 46 for the form). Syringe exchange will not be approved for any applicant that does not provide this attestation.

### **Outreach**

All HIV prevention services must include an outreach component. The goal of outreach is to engage members of priority populations, to disseminate HIV prevention information, to raise HIV/AIDS awareness, to create visibility for the program, to recruit HIV prevention program participants, and to promote and offer HIV testing to the priority population. Outreach can be conducted through a variety of venues including but not limited to the internet, street/community outreach, targeted advertising, and collaborations with other programs that serve target populations. Applicants should clearly describe how, when, and where outreach will be conducted to the proposed priority populations.

### **HIV Testing**

All HIV prevention services proposed must incorporate HIV testing for members of the priority populations targeted. Testing will primarily be conducted through rapid testing. DPH will pay for supplies and laboratory services for HIV testing conducted through funded programs. Although people who are not members of priority populations or not at higher risk for HIV may be tested, programs are strongly encouraged to assure that testing services are prioritized for members of priority populations. Those at lower risk can be referred to Planned Parenthood or other health care settings for testing. However, no one should be denied HIV testing. Applicants should clearly describe how and where HIV testing will be conducted, and how clients will be recruited for HIV testing. The following are guidelines for HIV testing:

- HIV testing may be offered in outreach settings such as homeless shelters, soup kitchens, and other venues where the program may be engaging members of priority populations.
- HIV testing may be offered in office settings.

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- HIV Prevention Counseling is not expected to accompany HIV testing unless the applicant is applying for the Individual Level Risk Reduction service component in this RFP.
  - DPH will provide testing protocol and methodology trainings that include the use of rapid testing and standard oral fluid testing; required information to be provided to clients when administering the test; post-test counseling; and referrals and linkage to medical care, Ryan White case management, partner counseling services, and prevention services.
  - Connecticut Department of Public Health Disease Intervention Specialists (DIS) will be available to those providing testing to assist providers with delivering positive test results and referral and linkages to services.

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### ***Special Considerations***

Proposers should be aware of the following special considerations related to the RFP and DPH funding requirements:

- The amount of HIV Prevention funding allocated in this RFP (\$4,818,336 per year) is an estimate based on current funding levels. **This funding amount may change based on the actual award received from the Federal Government (CDC), and the State of Connecticut.**
- **Funding received by a contractor under the HIV Prevention Program during any previous funding process (RFP) is not a guarantee of future funding under the Program or through the State of Connecticut.**
- Funding allocations will be based on a combination of final proposal score and equitable geographic service distribution, based on HIV prevalence, to maximize opportunities to reach priority populations with HIV prevention services throughout the state.
- HIV Prevention Services within the Department of Corrections will be funded through a separate MOA. HIV Prevention Services within the Department of Corrections are not admissible under this RFP. However, Alternative Incarceration settings are permissible under this RFP.
- A variety of resources about the HIV Prevention Program, HIV/AIDS and Sexually Transmitted Diseases, Hepatitis, Tuberculosis, the 2009-2012 Connecticut Comprehensive Plan for HIV Care and Prevention, HIV/AIDS Surveillance, Health Care and Support Services are available at the following websites:  
[www.ct.gov/dph](http://www.ct.gov/dph)  
[www.cdc.gov](http://www.cdc.gov)  
[www.hrsa.gov](http://www.hrsa.gov)

Each proposal must be submitted on the attached DPH application Forms and include all required DPH and OPM documents and forms (e.g. Cover pages, Work plan, Budget Summary, etc). All requirements of this RFP must be met, including page limits as indicated for respective service components. **Applicants must submit a separate narrative, workplan, budget, staffing profile, and HIV/AIDS Prevention Intervention form for**

**each HIV prevention service component being proposed, and submit these within one master application, five (5) unbound copies, and an electronic version.**

- The Cover Page, must contain the official name, address, email address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract. The Cover Page must be signed by an authorized official of the applicant organization. Information about contractor staff responsible for certain contractual functions must also be included in the Cover Pages. Please provide the name, title, address, telephone, email address and FAX number of staff responsible for the completion and submittal of:
  - a. Contract and legal documents/forms
  - b. Program progress reports
  - c. Financial expenditure reports.

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

- Proposals submitted in response to this RFP will be reviewed in two steps; first, to determine whether the Proposer Minimum Requirements Checklist has been met (See Section V. Attachments), and, second to determine the technical merit of the proposal and the extent to which it meets the goals and intent of the RFP.

### ***Regulatory Compliance***

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

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

Also, in accordance with Section 41-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and, that employees are treated fairly and equally when employed without regard to their sexual orientation.

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

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compensation in terms, conditions, or privileges of employment, because of the person's sexual orientation, civil union or same-sex marriage status.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 41-60 and Regulations of Connecticut State agencies, Sections 46a-68J-2 to 46a-68K-8.

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

## ■ C. MAIN PROPOSAL COMPONENTS

*See Section IV. Proposal Outline for complete details on the Main Proposal and content requirements.*

### 1. Organizational Requirements

#### ***Entity Type***

Applications will be accepted from Connecticut public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), community-based agencies, CT State agencies and municipalities.

Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

#### ***Location of organization, hours of operation, and experience***

Proposers must define locations where services will be provided, hours of operation, and how services will be delivered.

The proposer must provide a brief overview of the history and structure of the organization. Applicants with long-standing, significant outstanding unresolved issues on current and/or prior year contracts with the DPH may be removed from consideration for additional or future funding.

Successful proposers shall also be required to complete HIV educator and HIV counselor certificate programs, as applicable, set up and maintain client files as per DPH requirements, install and utilize PEMS or other designated data collection and reporting system, submit all **financial, program narratives, and progress reports** as contractually required, and be available for a minimum of three site visits per year to be conducted by an assigned HIV Prevention Contract Manager.

## 2. Service Requirements

### *Services, service provision, service delivery and requirements*

The proposer may apply for up to four interventions in a geographical area, included in the service components in this RFP (See Section III. Program Information, B. Program Overview). **A separate narrative, workplan, staffing profile, budget and HIV/AIDS Prevention Intervention forms must be submitted for each intervention proposed.**

The proposer must address how the proposed services will complement existing services and/or fill the need for additional services in the area(s) to be served. A detailed Work plan (See Section IV. Proposal Outline, I. Forms) explaining services to be provided, staff assigned, expected outcome measurements/successes and timetable of deliverables must be included for each intervention.

The proposer must describe the experience the organization and subcontractor(s) has in delivering culturally sensitive HIV prevention services to persons and communities disproportionately infected with and affected by HIV/AIDS (E.g. Drug users, men who have sex with men, women, youth, and ethnic and minority populations). In addition, the proposer must include a discussion of successes and challenges in serving these populations (underserved, under- or uninsured persons living with HIV/AIDS) and how the proposal will fit into the organization's overall mission and services/service delivery system.

- Further, the proposer must describe the following: The HIV epidemic in the proposer's catchment area, clearly defining target populations to be served (demographics), any existing real or perceived barriers to prevention services, emerging trends and/or populations, service needs or gaps, and community resources to be used in addressing needs.
- The organization's method for addressing issues of cultural competency, language, sexual orientation and/or health literacy needs for the population(s) to be served.
- Community collaborations and linkages with other programs providing HIV prevention and core medical/support services, as well as community and other social services.
- The service delivery plan (Work plan) for proposed services and/or service component(s).

## 3. Staffing Requirements

### *Staff*

The proposer must describe the staff currently employed or that will be hired to deliver the proposed services and/or service components. Proposer must use the Staffing Profile form to indicate staff which will provide the service(s), title, hourly rate and number of hours assigned to work per week. This staff assignment must also be included in the Work plan.

A separate and detailed Staff Profile must be completed and included for each intervention or service component proposed.

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### ***Training, Credentials and Licensure***

DPH requires that all prevention staff funded under this RFP attend and complete the Pre-Requisite Training and the applicable HIV Prevention Training. All staff that will be conducting HIV rapid tests must complete rapid test training. All staff conducting Individual Level Risk Reduction Counseling Services must attend the applicable DPH sponsored training. All staff implementing effective behavioral interventions must attend and complete the applicable training. **The proposer shall also describe a mechanism for tracking staff attendance at internal, external, educational training or staff development. Proposer should also address recruitment, hiring and retention plans for staffing.**

The proposer must include applicable job descriptions (current and new) for all involved staff, as well as staff resumes and copies of any staff certifications and licenses for each service component proposed. Recommended qualifications for staff providing Individual Level Risk Reduction Counseling Services is a Masters level professional with background in social work, psychology, counseling, public health, or a related mental health field. A Bachelors level individual with experience in Human Services is acceptable, however in this case, the hiring program must ensure that this staff person receives clinical consultation from a licensed mental or behavioral health professional.

#### **4. Data and Technology Requirements:**

##### ***Computer Hardware / Software***

Contractors shall be required to install and utilize PEMS or any other designated data collection and reporting system for documentation of all prevention clients. Applicants must have hardware capable of supporting such a system and provide staff support for installation, maintenance and updating of the data system.

Applicants must have access to and be able to access email and the internet for the purposes of record reporting and data collection, as well as for any required or recommended PEMS, CDC or DPH webinars and teleconferences.

##### ***Record/Data Collection/ Reporting***

Contractors are required to collect and report client level data, as determined by DPH, which are included in PEMS or other designated reporting systems on a regular, ongoing basis and submit required documentation to DPH. These records will include, but are not limited to: HIV test forms, planned vs. deliverable reports, as well as client referral information on a regular and ongoing basis.

Contractors must also maintain updated client records including, but not limited to HIV test forms, intake information, referral information, etc.

##### ***Assessment of Client Satisfaction***

Proposer must describe any client satisfaction surveys or tools used to monitor and evaluate services and service delivery and define any findings and changes made as a result of the survey(s).

***Performance Measures / Outcomes***

Proposer must clearly define in the Work plan the expected outcomes and measures of success of the service(s) to be provided.

***Quality Management and Quality Assurance Plan and Protocols***

Proposer must describe any quality management program and/or protocols to be used in measuring and monitoring of service delivery and program successes.

**D. COST PROPOSAL COMPONENT****1. Financial Requirements**

The proposer must describe how the proposal is fiscally competitive, including how staffing and service delivery costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. The proposer must also describe how the organization will utilize small and minority businesses, whenever feasible, in the purchase of supplies and services. If said businesses are not used, the proposer must describe how proposed costs and services will be cost efficient.

**2. Budget Requirements**

*Competitiveness of the proposer's budget will be considered as part of the proposal review process.*

*The State of Connecticut is exempt from payment of excise, transportation and sales taxes imposed by the Federal and/or State government. Such taxes must not be included in contract prices.*

*The maximum amount of the budget may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged. The proposed budget is subject to change during contract award negotiations.*

***Total Available Funding***

The amount of HIV Prevention funding allocated in this RFP (\$4,818,336) is an estimate based on prior funding levels and awards. This amount may change based on the actual award received from the Federal Government (CDC) as well at the State of CT.

***Period of Award***

Proposers should prepare their application based on a three (3) year budget period (January 1, 2012- December 31, 2014).

***Budget Summary and Budget Justification***

Separate and detailed budget summary and budget justification forms must be submitted for each intervention proposed. Subcontractor costs, if applicable must be included in the budget summary and budget justification forms for each proposed

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intervention. Subcontractor Schedule detail must be submitted with each intervention proposed.

Administrative costs shall not exceed 15% of the direct service costs of the funding for which the proposer applies. Administrative costs include direct (overhead) costs.

## IV. PROPOSAL OUTLINE

*This section presents the required outline that the proposer must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated. **Please adjust pagination with Executive Summary to reflect actual number of pages of Executive Summary (E.g. One or two pages in length.)***

***A separate proposal with all required forms, originals, copies, electronic version, documents and attachments must be completed for each service component being proposed.***

	Page
<b>A. Cover Sheet</b> . . . . .	<b>1-2</b>
<i>(See Section IV. I. Forms 1. Department)</i>	
<b>B. Table of Contents</b> . . . . .	<b>3</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>4</b>
<i>(See Section I. C. 12 Declaration of Confidential Information. If a Declaration of Confidential Information <b>is applicable</b>, proposer must reference where within the proposal, information labeled as confidential is located and also provide rationale to justify an exemption of the information from release under FOIA. <b>If no such restriction is applicable, proposer must make a statement in Section IV. C of this proposal outline indicating “No Confidential Information Contained.”</b>)</i>	
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	<b>4</b>
<i>(See Section I. C. 13. A disclosure statement must be included in this section if applicable. In the absence of any conflict of interest, a proposer must affirm such in Section IV. D. Example: <b>[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.</b>)</i>	
<b>E. Executive Summary (Two page maximum)</b> . . . . .	<b>5</b>
<i>(See Section I, D.4 Executive Summary for specifications)</i>	
<b>F. Main Proposal</b> . . . . .	
<i>(Begin pagination with either page 6 or 7 depending on length of Executive Summary and continue page numbering accordingly with Organizational Profile)</i>	
<b>1. Organizational Profile</b> . . . . .	
<i>The purpose of this subsection is to gather information about the administrative and operational capabilities of the proposer to deliver the proposed service component or services.</i>	
a. Purpose, Mission, Vision, and/History of Organization . . . . .	
b. Entity Type (profit/non-profit, etc.) / Years of Operation . . . . .	
c. Location of Office(s) or Facilities / Hours of Operation. . . . .	
d. Current Scope of Services / Current number and demographics of clients served . . . . .	
e. Organization’s experience in providing HIV Prevention Services. . . . .	

- f. Accreditation / Certification / Licensure (if applicable) . . . . .  
*(Note: Please define any organizational accreditations, certifications or licensures)*

**2. Scope of Services** . . . . .

*The purpose of this subsection is to gather information about how the proposer intends to provide the proposed service component and applicable services (including the use of any subcontractors).*

- a. Catchment or Service Area in which services to be provided . . . . .
- b. Proposed service component or services to be provided. . . . .  
*(Proposer must describe service component and/or services to be provided and address how the organization addresses issues of cultural competency, language, sexual orientation and/or health literacy for the population(s) to be served, and also describe the organization's experience in delivering culturally sensitive HIV Prevention services to persons and communities disproportionately infected and affected by HIV – Men Who Have Sex with Men, Drug Users, women, youth and ethnic and minority populations).*
- c. Documentation of Community Needs and Gaps / Resources . . . . .  
*(Proposer must define the HIV epidemic in the proposer's catchment area, clearly describing populations served or to be served, any service needs or gaps or barriers to care, and community resources available and accessible to be used in addressing HIV service delivery need. Proposer must also address how proposed services will complement existing services and/or fill the need for additional services in the area to be served)*
- d. Community Collaborations . . . . .  
*(Proposer must identify community collaborations, linkages or memorandums of agreement with other community-based organizations and agencies, and years of said collaborations. If new collaborations will be developed define collaborator (s) and purpose of collaboration.)*
- e. Service Capacity / Service Delivery Plan (Deliverables) . . . . .  
*(Proposer must briefly define capacity to deliver service component and/or services proposed and submit a detailed work plan to deliver said services. **Work Plan must be included in Section IV. I. Forms, 1 Department).***
- f. Client Evaluation/Protocols . . . . .  
*(Proposer must describe how a client is evaluated/ assessed by the organization for eligibility and services.)*

**3. Staffing Plan** . . . . .

*The purpose of this subsection is to gather information about the quality and quantity of personnel that the proposer intends to employ to deliver proposed service component and/or services. **Please use the Staffing Profile Form in Section IV. I Form, 1. Department** to document a profile of staff providing the proposed service component or intervention. A separate Staffing Profile must be submitted for each HIV prevention service component.*

- a. Key Personnel / Managers/ Staff assigned . . . . .  
*(Proposer must briefly define number of staff, supervisors/program managers to be assigned to the supervision and delivery of services. **Proposer must complete and attach the Staffing Profile in Section IV. I. Forms, 1. Department.** The Profile must indicate the staff that will provide supervision, administration and provision of services, as well as applicable position titles, hourly pay rates, and hours assigned to services/ service delivery.)*
- b. Staffing Levels and Demographics of Organization Work Force . . . . .  
*(Proposer must complete and attach an organizational **Work Force Analysis in Section IV.I Forms).***
- c. Staff Qualifications/ Experience

*(Proposer must briefly describe staff qualifications and experience to deliver proposed services. Please indicate any staff certifications or licensures held. **All current Job Descriptions and Resumes must be included in Section IV. H Appendices.** If new staff will be hired to deliver services, please include new job descriptions in Section IV. H. Appendices as well)* . . . . .

- d. Organizational Chart . . . . .  
*(Proposer must include an organizational chart in **Section IV. H. Appendices.**)* . . . . .
- e. Recruitment, Hiring & Retention Plan . . . . .  
*(Proposer must briefly describe how new staff is recruited, hired, and trained and the process/ method to retain current staff.)* . . . . .
- f. Staff Training and Educational Development . . . . .  
*(DPH requires that all newly hired staff attend the Pre-requisite, HIV Educator or other applicable DPH required training. Staff is also expected to attend any additional DPH sponsored trainings and/or meetings.)*

**4. Data and Technology** . . . . .  
*The purpose of this subsection is to gather information about the proposer's information management and performance measurement systems. **All successful proposers will be required to install and use PEMS, or another data collection system as indicated by DPH.***

- a. E-Mail / Internet Capabilities . . . . .
- b. *(Proposer must define current capabilities as well as system restriction. Proposers must have access to and be able to access email and the internet for the purposes of record reporting and data collection, as well as for any required or recommended PEMS, CDC or DPH webinars and teleconferences.)*
- c. IT Infrastructure / Hardware & Software Quality . . . . .  
*(Proposer must describe current operating system, including the indication of any staff assigned to IT management. Such individual's name and contact information must be included).*
- d. Data Collection / Storage / Reporting . . . . .  
*(Note: All successful proposers will be required to install and use PEMS, or another data collection system as indicated by DPH, as the data collection and reporting system. Contractors are required to collect client level data, track Performance Measures required by DPH and CDC, as well as DPH required client level indicators.)*
- e. Assessment of Client Satisfaction . . . . .  
*(Proposer must describe previous and planned client satisfaction surveys or feedback tools used to monitor and evaluate service delivery and client satisfaction with services.)*
- f. Quality Management and Quality Assurance. . . . .  
*(Note: Proposer must describe the organization's quality management/quality assurance program and protocols and define how evaluation and outcome measures will be used in monitoring efficiency and effectiveness of services being proposed.)*

**5. Subcontractors** . . . . .  
*If **Section IV. F .5 Subcontractors** includes the use of any subcontractors by the proposer for the provision or delivery of a service and/or services, the purpose of this subsection is to gather information about the administrative and operational capabilities of each such subcontractor.*

***If a subcontractor will be used, please complete and attach Subcontractor Schedule in Section IV. I. Forms.***

***If a subcontractor will not be used, please indicate as Not Applicable and do not include a Subcontractor schedule in Section IV.I. Forms***

**6. Work Plan**

*The purpose of this section is for the proposer to explain the tasks, participants, time estimates, and schedule for providing the proposed service and/or services. Please complete and attach the Work Plan in **Section IV. I. Forms** to outline provision of services. No additional narrative is required in this section.*

**Note: A separate and complete Work plan must be submitted for each HIV Prevention service component proposed.**

**A separate and complete Work plan must also be submitted for integrating HIV Rapid Testing and Outreach into proposed interventions. This work plan must include information on where and how HIV testing and outreach will occur as well as strategies the agency will employ to recruit the targeted population.**

**If an agency is proposing to also integrate syringe exchange into other services, a separate and complete work plan must be submitted that includes information on where and how syringe exchange will occur. Please add additional Work Plan pages as necessary.**

- a. Work Plan (See Section IV. I. Forms, 1. Department).

**G. Cost Proposal**

**1. Financial Profile**

*The purpose of this subsection is to gather information about the proposer's fiscal stability, accounting and financial reporting systems, or relevant business practices.*

- a. Annual Budget and Revenues and Sources of Other Funding  
*(Proposer must define annual operating budget, revenues and sources of other funding, other than HIV Prevention [e.g. Ryan White Funds, as well as other federal, state and foundational funds]. Proposer must also describe how the organization will utilize small and minority businesses, whenever feasible, in the purchase of supplies and services).*
- b. Financial Standing/ Stability as indicated in last Fiscal Audit  
*(Proposer must describe how the proposal is fiscally competitive, including how staffing costs are competitive with similar organizations in order to attract and maintain qualified staff and provide services in a cost efficient manner. Proposer should also define fiscal stability as indicated in the organization's most recent fiscal audit.)*

**2. Budget and Budget Narrative**

*The purpose of this subsection is to gather information about how the proposer developed the proposed service component or intervention budget and cost allocations. Please complete and attach the budget summary and budget justification forms in **Section IV. I. Forms**. A budget summary and budget narrative justification must be attached for each service component or intervention proposed. Add pages to the required forms as needed.*

- a. Budget Summary (Section IV. I. Forms)
- b. Budget Justification (Section IV.I Forms)

**H. Appendices**

*The purpose of this subsection is to gather any other additional information that the Department needs to evaluate the proposer*

- a. Job Descriptions (attach current and any proposed new job descriptions)
- b. Résumés of Applicable Staff
- c. Organizational Chart

**I. Forms . . . . .**  
**1. Department . . . . .**

*The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal or proposals:*

- **Applicant Cover sheets (1 Page)**
  
- **Budget Summary and Budget Justification Documents (Include in Section IV. G.2 Budget and Budget Narrative)**  
*Submit a separate Budget Summary and Budget Justification Document for each HIV prevention service component proposed*
  
- **Subcontractor Schedule (Include in Section IV. F.5 Subcontractor)**  
*Submit a separate Subcontractor Schedule, if applicable, for each HIV prevention service component proposed. If Subcontractor will not be used, please indicate as Not Applicable*
  
- **Staffing Profile Document**  
*Submit a separate Staffing Profile document for each HIV prevention service component proposed.*
  
- **Work Plan Form**  
*Submit a separate Work Plan for each HIV prevention service component proposed.*
  
- **Proposed HIV/AIDS Prevention Intervention Plan Form**  
*Submit a separate HIV/AIDS Prevention Intervention plan form for each HIV prevention service component proposed.*

**2. Other . . . . .**  
*The purpose of this subsection is to provide blank copies of any other forms that must be completed and submitted with a proposal.*

**Please submit one copy of each of the following forms with each proposal:**

- a. Notification To Bidders, Parts I – V (CHRO) . . . . .
- b. Acknowledgment of Contract Compliance
- c. Workforce Analysis
- d. Consulting Agreement Affidavit (OPM Ethics Form 5) <sup>1</sup>

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<sup>1</sup> Attached when the contract resulting from this RFP has an anticipated value of \$50,000 or more in a calendar or fiscal year. The proposer must submit this certification to the Department with the proposal.



COVER SHEET SET

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<b>B. CONTRACTOR INFORMATION</b>
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PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:

**Contract and Legal Documents/Forms:**

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

**Program Progress Reports:**

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

**Financial Expenditure Reporting Forms:**

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

Incorporated:  YES  NOAgency Fiscal Year: Type of Agency:  Public  Private  Other,  
Explain: Profit  Non-ProfitFederal Employer I.D. Number: Town Code No: Medicaid Provider Status:  YES  NOMedicaid Number: Minority Business Enterprise (MBE) :  YES  NOWomen Business Enterprise (MBE) :  YES  NO

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## **Budget Summary Instructions**

- I. **Personnel** (lines #1 - #5) each person funded:
  - a) Name of person & Title
  - b) Hourly rate, # hours working per week, and # of weeks. (calculate)
  - c) Fringe benefit rate. (calculate)

**Example:**

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

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

For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.
- V. **\*\*\*Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The costs of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**
- VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:  
<http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.
- VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
- VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.
- IX. **2 Year Contracts**: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

**Budget Justification Schedule Instructions**

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

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

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

**Example:**

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

**C. Subcontractor Schedule A--Detail**

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

**II. Detail of Each Subcontractor:**

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

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

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

**Example A. Budget Basis**

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

**Example B. Fee for Service:**

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

**Example C. Hourly Rate:**

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

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

**BUDGET SUMMARY**

(Submit a separate summary for each HIV Prevention service component)

Category	Amount
<b>Personnel:</b>	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Office Supplies	
8) Medical Materials	
9) Contractual (Subcontracts)*** <b>must be included in budget summary</b>	
10) Telephone	
11) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
12) Administrative and General Costs *	
<b>Total DPH Grant</b>	
Other Program Income:	

\*\*\* See Subcontractor Schedule

\* **Administrative Costs shall not exceed 15% of the direct service costs.**





**STAFFING PROFILE: Profile of Staff Providing Services.**

Please provide the information requested below. Submit a separate Staffing Profile for each HIV Prevention service component proposed.

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

**\*Attach Resumes for all Professional Staff**

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**F. Work plan (make as many blank pages as needed):**

(Submit separate work plans for each HIV prevention service component proposed)

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

**G. Proposed HIV/AIDS Prevention Interventions Plan Form**

Please fill out one form for each Effective Behavioral Intervention or Drug Treatment Advocacy program proposed. For Individual Level Risk Reduction Counseling Services, fill out one plan form for CRCS and one for HIV Prevention Counseling.

*Special Note: If entering form electronically, press tab to move through form. You can use the space bar or mouse to mark a box with a [check] or to [uncheck] a box*

1. Contractor Name: \_\_\_\_\_
2. Name of Service Component: \_\_\_\_\_
3. Location of Service Component: \_\_\_\_\_
4. Primary Target Population (Choose **one**)<sup>1</sup>: \_\_\_\_\_
5. Total Number of Unduplicated Clients Targeted: \_\_\_\_\_

*In each category check all that apply and report the number of clients to be served. All four columns must be completed.*

Priority Population	#served	Sex	#served	Age	#served	HIV Status	#served
<input type="checkbox"/> MSM-White	_____	<input type="checkbox"/> Male	_____	<input type="checkbox"/> 12 and under	_____	<input type="checkbox"/> HIV+	_____
<input type="checkbox"/> MSM-African American	_____	<input type="checkbox"/> Female	_____	<input type="checkbox"/> 13-18	_____	<input type="checkbox"/> HIV-	_____
<input type="checkbox"/> MSM-Latino	_____	<input type="checkbox"/> Trans-gender	_____	<input type="checkbox"/> 19-24	_____	<input type="checkbox"/> Status Unknown	_____
<input type="checkbox"/> IDU-African American	_____	<input type="checkbox"/> Sex Not Known	_____	<input type="checkbox"/> 25-34	_____		_____
<input type="checkbox"/> IDU-Latino(a)	_____			<input type="checkbox"/> 35-44	_____		_____
<input type="checkbox"/> Hetero-African American	_____			<input type="checkbox"/> 45+	_____		_____
<input type="checkbox"/> Hetero-Latino(a)	_____			<input type="checkbox"/> Age Unknown	_____		_____
<input type="checkbox"/> OTHER Pop: --Other (specify): _____	_____						
<b>TOTAL:</b>	_____	<b>TOTAL:</b>	_____	<b>TOTAL:</b>	_____	<b>TOTAL:</b>	_____

*The Total in each Column will be the same and equal the total number of Clients Targeted.*

1. Number of Sessions<sup>2</sup> Proposed: \_\_\_\_\_
2. Number of Cycles<sup>3</sup> Proposed: \_\_\_\_\_

<sup>1</sup> Primary target population should have the highest number proposed. However other populations may be reflected above to a lesser extent.

<sup>2</sup> Sessions are the number of times the group or individual will meet with the facilitator during one year

<sup>3</sup> Cycles are the number of times the entire intervention will be implemented in one year

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## H. Syringe Exchange Attestation

To be submitted on Official Agency Letterhead -

### Syringe Services (Syringe Exchange) Program Certification Statement

I certify that the applicable local health department or district and state or local law enforcement authorities have been consulted and that the proposed use of funds for syringe services (syringe exchange) program is consistent with the following provision of federal law:

*“None of the funds contained in this Act may be used to distribute any needle or syringe for the purpose of preventing the spread of blood-borne pathogens in any location that has been determined by the local public health or local law enforcement authorities to be inappropriate for such distribution.”*

Signed:

(include name and title of official)

**2. OTHER** . . . . .

**a. Notification to Bidders**

**NOTIFICATION TO BIDDERS**

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

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

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

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

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

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

\_\_\_\_\_  
Signature Date \_\_\_\_\_

On behalf of:  
\_\_\_\_\_

**b. Acknowledgment of Contract Compliance**

**STATE OF CONNECTICUT**

**DEPARTMENT OF PUBLIC HEALTH**



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

M. Jodi Rell  
Governor

**AFFIRMATIVE ACTION  
CONTRACT COMPLIANCE POLICY STATEMENT**

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

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

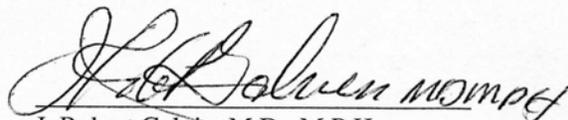
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area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

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

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

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

17 Sep 04  
Date

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



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

**c. WORKFORCE ANALYSIS**

**WORKFORCE ANALYSIS**

Contractor Name:  
Address:

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

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

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

- Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is "No", explain.
- a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:
- Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive:  YES  NO  Not Applicable Explanation:
- According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?  YES  NO Explanation:
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?  
 YES  NO Explanation:

\_\_\_\_\_  
Contractor's Authorized Signature Date



## V. ATTACHMENTS

*This section is for informational and proposer checklist purposes only.*

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- **Proposer's Minimum Requirement Check list**

*(Note: This check list will be used by DPH as step one of the RFP Review Process)*

- **State of Connecticut Nondiscrimination Certification**

*(Note: The successful proposer must complete and submit the applicable and appropriate nondiscrimination certification form to the Connecticut Department of Public Health prior to contract execution).*

- **Gift and Campaign Contributions**

*(Note: The successful proposer must complete and submit OPM Ethics Form 1 to the Department of Public Health prior to contract execution)*

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**SECTION V. ATTACHMENTS**

**PROPOSER'S MINIMUM REQUIREMENTS CHECKLIST: RFP #2012-0905**

**Proposer must submit a separate and complete proposal with all required forms and attachments for each service component proposed**

---

Applicant

1. Cover pages (See Section IV. I. Forms) completed and included in proposal (not included in page limit) \_\_\_\_\_
2. Executive Summary (1 page maximum per service component) included (not included in page limit) \_\_\_\_\_
3. Declaration of Confidential Information referenced or indicated as N/A (not included in page limit) \_\_\_\_\_
4. Conflict of Interest Disclosure Statement included (not included in page limit) \_\_\_\_\_
5. Main Proposal narrative meets respective page limits \_\_\_\_\_
6. Resumes provided for all professional staff assigned to this project. (not included in page limit) \_\_\_\_\_
7. Job descriptions provided for all key personnel assigned to this project including new positions being proposed (not included in page limit) \_\_\_\_\_
8. Staff Profile form completed and included in proposal (not included in page limit) \_\_\_\_\_
9. Budget Summary and Budget Justification Forms completed and included in proposal (not included in page limit) \_\_\_\_\_
10. Subcontractor Schedule (if applicable) completed and included in proposal (not included in page limit) \_\_\_\_\_
11. Completed Work Plan form included in proposal (not included in page limit) \_\_\_\_\_
12. Completed Notification to Bidders form included in proposal. (not included in page limit) \_\_\_\_\_
13. Completed Workforce Analysis Questionnaire included in proposal. (not included in page limit) \_\_\_\_\_
14. Signed Consulting Agreement Affidavit (OPM Ethics Form 5) included in proposal (not included in page limit) \_\_\_\_\_
15. An original unbound and 5 unbound copies of the completed proposal (s) must be received at DPH no later than April 15, 2011. \_\_\_\_\_
16. The proposal is signed by an authorized official of the Applicant Organization. \_\_\_\_\_

**SECTION V. ATTACHMENTS: Non-Discrimination Certification**



**STATE OF CONNECTICUT**  
**NONDISCRIMINATION CERTIFICATION – Representation**  
**By Entity**  
**For Contracts Valued at Less Than \$50,000**

Form B  
7/8/09

*Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at less than \$50,000 for each year of the contract**. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

**REPRESENTATION OF AN ENTITY:**

I, \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_,  
Authorized Signatory Title Name of Entity

an entity duly formed and existing under the laws of \_\_\_\_\_,  
Name of State or Commonwealth

represent that I am authorized to execute and deliver this representation on behalf of

\_\_\_\_\_ and that \_\_\_\_\_  
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name



STATE OF CONNECTICUT

Form C

NONDISCRIMINATION CERTIFICATION – Affidavit By Entity

7/8/09

For Contracts Valued at \$50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am \_\_\_\_\_ of \_\_\_\_\_, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of \_\_\_\_\_
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

\_\_\_\_\_ and that \_\_\_\_\_
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Printed Name

Sworn and subscribed to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Commissioner of the Superior Court/ Notary Public Commission Expiration Date





**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 pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

**CHECK ONE:**     Initial Certification         Annual Update (Multi-year contracts only.)

**GIFT CERTIFICATION:**

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "Gift" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:



**STATE OF CONNECTICUT  
CAMPAIGN CONTRIBUTION CERTIFICATION**

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

**Lawful Campaign Contributions to Candidates for the General Assembly:**

<u>Contribution Date</u>	<u>Name of Contributor</u>	<u>Recipient</u>	<u>Value</u>	<u>Description</u>

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**

Subscribed and acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court (or Notary Public)**

<b>For State Agency Use Only</b>	
<b>Department of Public Health</b>	_____
Awarding State Agency	Planning Start Date
_____	
Contract Number or Description	