

PROCUREMENT NOTICE

State of Connecticut – Department of Public Health
Public Health Initiatives Branch
Health Education, Management, and Surveillance Section

Tobacco Use Prevention and Control Program

REQUEST FOR PROPOSAL
2010-0912
for
Tobacco Use Cessation Services in Connecticut

ADDENDUM # 2: Questions and Answers

A reminder, the schedule was adjusted as follows:

- Letters of Intent Due: August 31, 2010
- Proposals Due: September 15, 2010

The questions received as of August 10, 2010 on RFP 2010-0912 are provided verbatim as submitted. The questions and their responses are:

- 1) On page 5 of the RFP it states that there is \$800,000 in funding available. Is that annually or over the 2 year project period?

Answer:

There is a total of approximately \$800,000 available for this initiative.

- 2) Will questions and answers be posted for this RFP?

Answer:

Yes, as an addendum to the RFP, the questions and their answers are posted as is the RFP, and in addition all questions and responses are sent to 1) anyone submitting questions and 2) anyone submitting a letter of intent as of August 10, 2010.

- 3) Page 20 and 21 provide the proposal outline. The RFP does not seem to contain questions specific to each of the proposal headings. Are pages missing?

Answer:

There are not pages missing. The outline shows the items that need to be included in each of the sections of the project proposal.

- 4) Could you please clarify for me the average grant award size that will be distributed for RFP # 2010-0912? I see that the announcement states \$800,000 but there is an undetermined amount of award numbers. Would \$250,000 be off base for one award recipient?

Answer:

As stated on Page 5, the size of each of the awards will depend on the anticipated number of participants to be served as well as the scope of the project. There is not an anticipated average award.

- 5) Can a provider apply under component 1 only?

Answer:

As stated on Page 6, one applicant can submit multiple proposals.

- 6) If an entity is currently receiving funding from 2009-0920, can one apply for this funding as well? (they look similar)

Answer:

As stated on Page 15, agencies that are currently under contract with the Department of Public Health may apply for funding under this announcement.

- 7) Page 3 notes that "special emphasis will be placed on geographic areas in Connecticut not currently served by DPH funded tobacco use cessation programs". Does this apply to both components 1 and 2?

Answer:

This mainly applies to Component 1, since there are currently no referral programs funded.

- 8) We have reviewed the current RFP (2010-0912) and are interested in writing a proposal to expand our current tobacco cessation program.

Are we eligible to do so because we are currently funded under the 2010-0147?

Answer:

As stated on Page 15, agencies that are currently under contract with the Department of Public Health may apply for funding under this announcement.

- 9) With regards to RFP 2010-0912, for component 1, can the focus be on smokeless tobacco products only?

Answer:

All forms of tobacco use and tobacco cessation services shall be considered for review.

10) For component 1, can the focus include smokeless tobacco?

Answer:

All forms of tobacco use shall be considered for cessation services

11) For component 1, can the proposed plan include those less than age 18, but over age 14? For example, if offering a program in a high school, the ages will range from 14 to 19.

Answer:

As stated on Page 1, youth are documented as a disparate population and can be targeted for services.

12) Will DPH be providing the Acknowledgment of Contract Compliance/Notification to Bidders (CHRO) and the Consulting Agreement Affidavit (OPM Ethics Form 5)?
These documents are cited in the Forms Section on p. 22 of the RFP.

Answer:

The **Contract Compliance/Notification to Bidders (CHRO)** is on page 80 of the RFP. The **Consulting Agreement Affidavit (OPM Ethics Form 5)** was accidentally removed from the RFP and is being posted as Addendum # 3 to the RFP.

13) Is there a particular budget format we should use for RFP 2010-0912?

Answer:

Since the budget will represent a "fee for service" model, the Budget Justification Schedule A on page 76 and 77 should be used.

14) According to Page 15 of the RFP, "Agencies that are currently under contract with the Department of Public Health to provide cessation services MAY apply for funding under this announcement to expand their current services to additional populations or areas." Should the budget reflect the current award – or should it reflect only the new request? Should the Work Plan reflect activities and outcomes for the new request only, or should efforts be combined to include the existing initiative?

Answer:

Proposal narratives from agencies currently funded by the Tobacco Use Prevention and Control Program for cessation services should describe how current activities would be expanded as a result of an award but the Work Plan and Budget should only reflect the new activities that will be associated with the funding from this request.

- 15) Does the 15-page restriction indicated on Page 7 of the RFP (D. Proposal Format, #6 Style Requirements) apply to the Proposal Narrative only, or does it include other required documents (e.g., Cover Sheet, Budget Forms, Executive Summary, etc.)? In other words, what should be included in the 15-page restriction?

Answer:

The 15-page restriction includes the Executive Summary, Proposal Narrative, Work Plan and Financial Profile.

- 16) The Proposal Outline (IV) which begins on Page 20 does not seem to indicate where “B. Contractor Information”, “Notification to Bidders”, and “Workforce Analysis” are to be placed within the application/Table of Contents. Page 15 (C. 1) seems to indicate that they follow the Cover Sheet. Please provide guidance.

Answer:

These documents should follow the Cover Sheet.

- 17) What is the indirect cost rate?

Answer:

Indirect costs are not allowed. For state costing standards, follow this link to the website of the State of Connecticut Office of Policy and Management:

http://www.ct.gov/opm/lib/opm/Finance/pos_standards/POSCostStandards090106.doc

- 18) Is there a maximum total cost for a proposal?

Answer:

There is a total of approximately \$800,000 available for this initiative. As stated on Page 5, the size of each of the awards will depend on the anticipated number of participants to be served as well as the scope of the project.

- 19) My university may not agree to sign the no-tobacco funding certification. Can my department certify to that? I think XXXXX has done this in the past.

Answer:

Yes, your Department may sign it.

- 20) Can you state specifically which components of the proposal outline listed on pp. 20-21 of the RFP are included in the 15-page limit?

Answer:

See answer for Question #15.

21) Can we offer one-on-one sessions in combination with Group sessions?

Answer:

Individual sessions must be offered; group sessions may be offered as long as individual sessions are also offered.

22) Can we offer only one-on-one or only group?

Answer:

Individual sessions must be offered and can be the only type of counseling available. Group sessions are not required and *cannot* be the only type of counseling available.

23) Page Limit – Does the 30 page page-limit include all the items listed in the proposal outline Section A – H or just Section F?

Answer:

As stated on Page 7, the Page limit is 15 pages, which includes the Executive Summary, Proposal Narrative, Work Plan and Financial Profile.

24) Double Sided – Does the entire proposal need to be double sided including coversheet, table of contents, etc...?

Answer:

Yes

25) Have there been guidelines established for Component 1 for an overall cost per client (or for each of the component unit costs) as is done with SAMHSA grants?

Answer:

No, there is no established guideline, although all costs should be competitive and justified.

26) Since all costs are reimbursed on a fee for service basis, how will reimbursement be handled for the follow-ups?

Answer:

All costs will be reimbursed on a fee for service basis through monthly invoices to the Department during the period of the contract. Follow-up appointments during the contract period will be handled in the same manner.

27) Are you looking for a unit cost for smoking cessation pharmacotherapy and NRT, or are you asking for the total amount to be spent on these items?

Answer:

Pharmacotherapy and Nicotine Replacement Therapy (NRT) should be listed in the budget as a unit cost, with the anticipated number of units per client, and as a total amount to be allocated to the budget line item.

- 28) In the past Connecticut has provided free NRT items to residents. Can we anticipate their availability for this program?

Answer:

The Connecticut Quitline offers free NRT to callers participating in their counseling program contingent on funding. Participants of awarded local cessation programs will not be eligible for NRT through the Quitline while in the local cessation program. NRT and Pharmacotherapy cost should be included in your proposal (and budget) and shall be provided at no cost to program participants.

- 29) In the proposal outline on page 20 Section F. 1. h references two letter of support. Are these the same letters later listed in the Appendices on page 21?

Answer:

There is a minimum of two letters required with each application. There may also be additional letters provided with the application from other partnering agencies, referrals, other collaborators, etc.

- 30) We are proposing to run this program within our residential behavioral health and halfway house programs for adult males. As such we would not be providing marketing or outreach to the general population, but rather to a targeted population that has a documented disparate use of tobacco products. Will this approach meet the requirements of the RFP as outlined on page 15 #4 and page 16 #11?

Answer:

Marketing and outreach activities should focus on reaching the target population. Collaborations should occur to assist with minimizing expenses and maximizing services for the population to be served.

- 31) Would there be an opportunity to collect other data elements that would be specific to medications that patients are taking and the impact they might have on smoking cessation therapies and vice versa?

Answer:

Required data elements must be collected. Any additional data collected are at the discretion of the awarded contractor but must be approved by DPH prior to collection.

➤ *Thank you for your interest in RFP 2010-0912: Tobacco Use Cessation Services in Connecticut.*